



Electronic Loan Payment Agreement

Completion of this form allows Champion Credit Union to electronically transfer funds from an account at another financial institution to apply to a Champion Credit Union loan

Part 1: Champion Credit Union Member Information		
Member Name	Member Number	Loan ID

Part 2: Withdrawal Request	
Start Date	Frequency (select one)
Withdrawal Amount	<input type="checkbox"/> One-Time <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly (15 th and 30 th)

Part 3: Other Financial Institution Information			
Institution Name	Institution ABA/Routing Number		
Institution Address	City	State	Zip
Account Holder Name	Account Number		
Account Holder Phone Number	Account Type (choose one)		
	<input type="checkbox"/> Checking (voided check required) <input type="checkbox"/> Savings (direct deposit form required)		

Part 4: Terms, Conditions, Agreement, and Authorization (completed by person indicated in Part 3 above)		
<p>I, _____, hereby authorize Champion Credit Union to initiate debit entries to the Financial Institution listed above, and if necessary initiate credit entries or adjustments to correct a debit entry originated in error, to make my loan payment. I understand the amount stated in this agreement may be adjusted automatically if my payment changes due to terms specified in the applicable Loan Security Agreement, to include but not limited to, changes related to escrow analysis, a variable interest rate, or placement of Collateral Protection Insurance on this loan. I understand and agree that if the funds are not available at the time of transfer, the credit to my loan will be rejected or reversed. I understand that regularly scheduled payments that fall on a non-business day, or holiday will be processed the previous business day. After two (2) returned items the ACH origination item will be cancelled.</p> <p>This authorization is to remain in full force and effect until Champion Credit Union has received a request for termination. The request must be made at least ten (10) business days prior to the withdrawal date. Cancellations may be made by calling 828-648-1515 or visiting one of our branch locations. This authorization replaces any prior authorizations I may have made.</p> <p>Funds coming into Champion Credit Union from another institution for a loan payment will be deposited to the member's savings account. An auto distribution will transfer the payment to the specified loan.</p> <p>By signing below, I agree to the terms and conditions specified within this authorization.</p>		
<table border="1"> <tr> <td>Signature</td> <td>Date</td> </tr> </table>	Signature	Date
Signature	Date	

Return the completed form and voided check/direct deposit form using one of the following methods:

Mail: Champion Credit Union
 Attn: Payment Systems
 PO Box 1389
 Canton, NC 28716

Email: CCUPaymentSystems@championcu.com

Fax: 828-549-1172