

**BORROWER SIGNATURE** 

## **ACH DEBIT AUTHORIZATION**

Bridge Credit Union makes it easy for you to pay your loan with our Automatic Payment program. Loan payments can be debited from your checking or savings account at the bank or credit union of your choice.

All payments are applied directly to your loan account on the posting date selected, and will automatically be credited towards your loan balance. Also, payment confirmations and reminders can be emailed to you for every transaction if you wish to provide your email address.

Bridge Credit Union's loan payment service utilizes the latest security and encryption standards to ensure that your payment information is secure and kept confidential. The automatic payment program meets all NACHA and PCI requirements for secure transaction processing.

For details or assistance, call 1.800.434.7300

BORROWER INFORMATION				
NAME		Ë	BIRTH DATE	
PHONE NUMBER			E-MAIL (OPTIONAL)	
FROME NOMBER			THAIL (OF HONAL)	
STREET ADDRESS	CITY		STATE	ZIP
LOAN INFORMATION				
			AUTO LOAN	☐ PERSONAL LOAN
BRIDGE CREDIT UNION LOAN NUMBER(S)			HOME EQUITY LOAN	□ CREDIT CARD
PAYMENT INFORMATION				
DEDUCT MY PAYMENTS FROM:				
☐ CHECKING ACCOUNT - Please attache	d a voided check (if available)	)		
Account #				(nine digit number)
☐ SAVINGS ACCOUNT				
Account #	Rank/Credit Union Pouting	. #		(nine digit number)
Account #	banky create official Roading	" –		(Time digit Harriber)
PAYMENT AMOUNT (choose one):				
☐ Scheduled Payment Amount ☐ Other Amount \$				
PAYMENT FREQUENCY (choose one):				
☐ Monthly ☐ Bi-Weekly				
PAYMENT DATE (choose one):				
Scheduled Due Date Other				
Scrieduled Due Date				
BORROWER AUTHORIZATION				
I hereby authorize Bridge Credit Union to debit my checking/savings account or credit/debit card for my scheduled loan payment(s).				
I have ownership of the checking/savings account or credit card that I provided. This authorization will remain in effect until I have				
notified and directed you to terminate the automatic payment program and allowing you reasonably to act upon my request. I understand there may be fees charged to my checking/savings account in the event of an overdraft, and agree to pay all fees charged				
for using the program. I agree to any payment convenience fees charged, as disclosed by Bridge Credit Union.				
X				

DATE