

**FIRSTLIGHT FEDERAL CREDIT UNION
ACH ORIGATION
ACH AUTOMATIC LOAN PAYMENT AUTHORIZATION**

MEMBER PLEASE READ BEFORE SIGNING:

Payments do not automatically stop once the loan is paid off or if an account has been closed. Automatic payments will continue until this authorization is cancelled.

AUTHORIZATION

I (We) authorize Firstlight Federal Credit Union (Firstlight) to automatically transfer funds as described above. I (We) acknowledge and agree that: I (We) will maintain sufficient funds to cover such transfers for both consumer and non-consumer accounts; b) Firstlight is not responsible for any fees, penalties, or late charges which may arise when funds are not available; c) the rights of Firstlight with respect to each transfer shall be the same as if it were a withdrawal evidenced by a written request personally signed by me (us); d) Firstlight retains the right to require a 10 business day notice in writing from me (us) prior to any intended transfer from my account; e) the origination of automated clearing house a/k/a ACH transactions to/from my (our) account must comply with the provisions of U.S. and other applicable laws; f) the transfers, for both consumer and non-consumer accounts, are bound & governed by the rules of the NACHA - The Electronic Payment Association f/k/a National Automated Clearing House Association, and by applicable law; g) this authorization will remain in effect unless cancelled by Firstlight or unless revoked by me in accordance with the next sub-paragraph; and h) revocation in such time and in such manner as to afford Firstlight a reasonable opportunity to act on it. i) Firstlight retains the right to require a 10-business day notice in writing from me (us) prior to any intended revocation of transfer from my account; j) Firstlight can be contacted via phone at 800.351.1670, via secure email within online/mobile banking, or by visiting any one of our branches. Any ACH rejected/returned three consecutive times will automatically be cancelled by Firstlight.

Date: _____ Signature: _____

Operator number Employee Signature Date

CANCELLATION AUTHORIZATION

I (We) authorize FirstLight to cancel the above described automatic transfer of fund. Cancellation fees may apply. These fees are set forth in the Fee Schedule located on our website.

Date: _____ Signature: _____

Operator number Employee signature Date

Please mail original form to P.O. Box 24901, El Paso, TX 79914 for processing.