



CONSUMER DEBIT AUTHORIZATION

25th Transfer External Debit for Recurring Loan Payment

Name: _____ Member Number: _____

Address: _____

City, State, Zip: _____

Daytime Phone #: _____ Effective Date: _____

Please apply \$ _____ to the following Loan Acct# : _____ Suffix: _____

Please deduct my loan payment from my account as follows:

Name of Financial Institution: _____

Financial Institution Routing Number: _____

Type of Account (Please check one): Checking Savings

Account Number: _____

Amount To Be Withdrawn: \$ _____

I authorize Kent Credit Union to deduct my loan payment from the account listed above on the 25th day of each month or the next business day thereafter. If payment is returned to credit union, I understand that I will be charged a \$30.00 NSF Fee. By signing this form, I understand that all ACH transactions originated to/from my account must comply with applicable U.S. law. I understand that if I decide to discontinue this payment plan I will notify the credit union in writing at the following address:

Kent Credit Union, 6020 Rhodes Road, Kent, OH 44240

SIGNATURE: X _____ DATE: _____

For Credit Union Use Only

A separate form is needed for each individual loan suffix being paid through automatic payment plan.

ACH Batch Name: _____ Entered By: _____ Date: _____

KENT BRANCH
6020 Rhodes Road
Kent, OH 44240
Phone: 330.678.2274
Fax: 330.678.6252

RAVENNA BRANCH
271 So. Chestnut Street
Ravenna, OH 44266
Phone: 330.298.0400
Fax: 330.298.0404

STREETSBORO BRANCH
1190 State Route 303
Streetsboro, OH 44241
Phone: 330.626.3200
Fax: 330.626.3259

ROUTING NO. 241279234
TOLL FREE: 888.221.7556
WEB: www.kentcu.com

