



Autopayment Authorization

Document Instructions:

- Completion of this document will result in a debit from your other financial institution and a credit to your designated account at Redstone Federal Credit Union® (Redstone).
- Requestor is required to be on the Redstone account and the account at the other financial institution.
- Please complete all sections including signature and date. Forms missing a signature will not be processed.
- Attach a pre-printed voided check or deposit slip from your savings account at your other financial institution.
- Keep a copy of this completed document for your records.

Please return the corrected form, along with any required documentation, to any branch location, or choose one of the following options:

Mail: Redstone Federal Credit Union Fax: 256-722-3600
Attn: ACH/Wire Processing
220 Wynn Dr.
Huntsville, AL 35893

Conditions that may cause your Autopayment to be canceled by Redstone:

- Your Automatic Payment has been returned for three consecutive payments or has been returned as Unauthorized / Authorization Revoked.
- Your Automatic Payment has been returned due to a stop payment placed on your account at the other financial institution.
- We receive notice that your account at the other financial institution has been closed, frozen, or is an invalid number.

Autopayment Authorization to Redstone

Request Type: New Change Cancel

Member Number: _____

Credit Information

Redstone Account Number: _____ Transfer Amount: _____

Start Date: _____

Frequency: Weekly Bi-Weekly Monthly Semi-Monthly

Member Name: _____

Address: _____

Phone Number: _____

Debit Information

Financial Institution Name: _____

Financial Institution Routing Number: _____

Financial Institution Account Number: _____

Name on Account: _____

Member's Signature

I affirm that I am an owner/signer on all accounts listed above. I authorize Redstone Federal Credit Union (RFCU®) to debit my checking/savings account with the Financial Institution named and credit my designated RFCU account. If a debit for a loan payment is rejected for any reason, I understand the loan payment will be reversed from the loan and I will be responsible for making the loan payment by other means. I understand I will be charged an NSF fee according to the fee schedule at that time. This authorization will remain in effect until the end of my loan account term (if applicable) or until Redstone Federal Credit Union receives my written notice of cancellation. I understand that I must give Redstone at least 3 business days prior to the next scheduled payment date to cancel my automatic payment if I revoke my authorization. I agree to indemnify and hold RFCU harmless from any and all claims as a result of my request and authorization to initiate Autopayment debits from my account.

Signature of Member: _____ **Date:** _____

Important: Attach a pre-printed voided check or deposit slip from your savings account at your other financial institution. Keep a copy of this completed document for your records.

FOR REDSTONE FEDERAL CREDIT UNION USE ONLY

For Branch Use Only:

Accepting Employee: _____ Branch: _____ Extension: _____

For ACH/Wire Use Only:

Date Received: _____ Processed By: _____