



Authorization Agreement for Direct Payments (ACH Debits) – Form Instructions

Argent Credit Union requires an email address to be on record for payment confirmation purposes. Please log onto Online Banking and use the Support link to send us a secure email. You may also call Member Services at 804-748-9488 or 800-943-3328.

Documents can be returned to Argent by:

- Mail to: Argent Credit Union
Attn: Electronic Services
P.O. Box 72
Chesterfield, VA 23832
- Visit one of our branch locations
 - 5403 U.S. Route 1, North Chesterfield, VA
 - 11900 Chester Village Dr, Chester, VA
 - 3611 Oxbridge Rd, North Chesterfield, VA
 - 1901 Walmart Way, Midlothian, VA

Refer to the illustration below when filling in the routing number and account number of your other financial institution on the Authorization Agreement for Direct Payments (ACH Debits).

The illustration shows a check with several fields. At the top right is the number "0127". Below it, on the left, is the text "PAY TO THE ORDER OF" followed by a horizontal line. To the right of this line is a box. Below the box is the word "DOLLARS". Below the "PAY TO THE ORDER OF" line is another horizontal line. Below that is the word "MEMO" followed by a horizontal line. At the bottom of the check is a line with the numbers "251482833", "000000000000", and "0127" separated by vertical bars. Below this line are three brackets labeled "routing number", "account number", and "check number" respectively.

Please call 804-748-9488 or 800-943-3328 with any questions.



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

☐ New Request ☐ Change/Update ☐ Cancel

I authorize Argent Credit Union (Argent) to initiate a recurring debit entry, and any necessary adjustments, via Electronic Funds Transfer through the Automated Clearing House (EFT-ACH) on my account at the depository financial institution listed below to pay my Argent loan listed below. I understand and agree that I must allow Argent fifteen (15) calendar days to process and initiate the EFT-ACH payment method for my loan, and that my loan payments are due by date(s) specified in my loan agreement. The EFT-ACH payment method does not, in any way alter or change the obligations and/or requirements for payment of my loan.

Transfer From

Depository Financial Institution:	
Routing Number:	
Account Number:	
Name on Account:	
Select Account Type: ☐ Savings ☐ Checking	
Amount of Transfer:	Start Date:
Frequency: ☐ Monthly ☐ Semi-Monthly ☐ Bi-Weekly ☐ Weekly	

Transfer To:

Member Name:	Phone Number:
Member Number:	Loan Number:
Email Address**:	

By signing this authorization, I understand and agree to the following:

- The payment will process as indicated based on the "From" and "To" information entered above and I am responsible to make sure the funds are available in the "From" account on or before each scheduled date.
- If the "day of month" falls on a weekend or holiday, the payment will occur on the next business day.
- Argent will attempt to withdraw each scheduled loan payment one time. If the debit is returned, I acknowledge that I must pay my loan payment and all accrued late fees by other means. Argent may assess a return fee of \$30.00. I understand that Argent will not be responsible or liable for any penalties or charges assessed by any other financial institution as a result of returned transactions. Argent will process the next scheduled payment; however, if for two successive months the payment is returned by the depository institution, this authorization will automatically terminate.
- I must notify Argent in writing, by completing a new form, of any changes to my "From" or "To" information at least fifteen (15) calendar days prior to the next scheduled automatic payment.
- I understand and agree that if I fail to provide a written cancellation fifteen (15) calendar days in advance when the above loan has been paid in full, the recurring debit entry will continue and funds will be deposited to my share account at Argent Credit Union.
- Argent reserves the right to cancel this agreement/transfer at its sole discretion for situations including but not limited to NSF (Non-Sufficient Funds), returned payments, security/fraud concerns, etc.
- I certify that the information I have provided is correct and that I am an authorized signer or designate of the account provided for ACH transactions and am entitled to provide this authorization. I agree to indemnify and hold Argent harmless from any claims resulting from the processing of this automatic payment which occurred as a result of incorrect information provided by me.
- I acknowledge that the origination of the ACH transactions to my account must comply with the provisions of U.S. laws and regulations.

**** An email address must be provided. If one is not provided then the payment cannot be set up and this form will be invalid.**

Member Signature: _____ Date: _____

*This form must be signed. Completed form can be returned by mail or delivered to one of our branch locations.
Argent Credit Union * PO Box 72, Chesterfield, VA 23832 * www.argentcu.org*

Credit Union Use Only: Received By: _____ Date: _____ Entered By: _____ Date: _____