



Make Sb1 FCU loan payments from any checking account through XpressPay. You are able to transfer money from any financial institution to your Sb1 account(s). Funds can be posted directly to a loan or into any savings account on a regular monthly basis. XpressPay transactions are posted on the 5th, 15th, or 25th of each month. Your loan due date can be adjusted to fall on one of the XpressPay posting dates. Simply complete the form below to get started.

Authorization Agreement Automatic Debit Plan (ACH Debits)

I (We) hereby authorize Sb1 Federal Credit Union, hereafter called Credit Union, to establish an XpressPay for me and debit my (our) checking account indicated below at the depository financial institution named below, hereafter called Depository. I understand that my ACH debit will be dated on the day of each month (or the next business day) as indicated below. I further agree that if any debit is dishonored, whether with or without cause or whether intentional or inadvertently, the Credit Union and the Depository shall be under no liability whatsoever. I agree that if such debit is not honored upon presentation I (we) will be liable for a "returned deposit" fee and the Credit Union will make no further attempt to collect funds. I understand that I am responsible for making any missed loan payments &/or deposits not collected due a debit being dishonored. XpressPay has been established solely for convenience and may be terminated or modified by Sb1 Federal Credit Union at any time without notice. You must contact Sb1 Federal Credit Union to stop XpressPay.

Amount of Debit \$ _____ on the (check one) 5th 15th 25th of each month.

Depository Name (where checking account is located): _____
Please provide a voided check from this Account.

City _____ State _____ Zip _____

This authorization is to remain in effect until the Credit Union has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Credit Union and Depository a reasonable opportunity to act on it.

Name(s) _____ Member Number _____
(please print)
_____ Social Security Number _____
(please print)

E-Mail address: _____ May we contact you by e-mail? Yes No

Sb1 Federal Credit Union loan or deposit account number into which automatic debit is to be applied: _____

Please change my loan due date to fall on the ADP date I have selected.

Date: _____ Signed _____

Date: _____ Signed _____

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ATTACH YOUR UNSIGNED, VOIDED, PERSONAL CHECK HERE
IMPORTANT: MARK ONE OF YOUR PERSONAL CHECKS VOID AND ATTACH IT TO THIS FORM.