



## EZ LOAN PAYMENT FORM DIRECT DEBIT AUTHORIZATION FORM

Send completed form to:  
Jax Federal Credit Union  
Attn: ACH Department  
562 Park St  
Jacksonville, FL 32204

Name: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Name of Financial Institution (Bank or Credit Union): \_\_\_\_\_

Banking Routing and Transit Number (9 digits): \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

☐ Checking Account      ☐ Savings Account

I hereby authorize JAX FEDERAL Credit Union to process direct debit payments for my Jax Federal Credit Union loan number \_\_\_\_\_ - \_\_\_\_\_. I would like my payments taken from the above reference account on a MONTHLY, SEMI-MONTHLY, or BI-WEEKLY basis (please circle one). The payment will be in the amount of \$ \_\_\_\_\_. Starting \_\_\_\_\_. I may cancel this authorization at any time by notifying Jax Federal Credit Union in writing 10 (ten) days before the loan payment due date. Jax Federal Credit Union may discontinue my participation in the direct debit plan at any time without notification.

\_\_\_\_\_  
Authorized Signature Date

\_\_\_\_\_  
Joint Account Signature Date

### **Important: Please attach a voided check or draft.**

Please allow two weeks to process.

\*If your due date falls on a weekend or a holiday the payment will be processed the next business day.

Employee Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_