



**Authorization Agreement for ACH Payments
(Automatic Clearing House Debits)**

Please fill in the information below to initiate or modify your automatic payments from your checking account to your Office of Hawaiian Affairs Native Hawaiian Revolving Loan Fund loan.

Important: Please attach a check marked "VOID."

I (we) authorize the Office of Hawaiian Affairs, herein called OHA, to initiate monthly debit entries and to initiate, if necessary, debit entries and adjustments for any debit entries in error to my (our) savings or checking account and the named financial institution, herein called DEPOSITORY, to credit and/or debit the same to such account. I (we) understand that a fee of **\$25** will be assessed for any return payment(s). I (we) acknowledge that the origination of Automatic Clearing House (ACH) transactions must comply with the provisions of U.S. law.

Depository Information

Depository Name: _____

Branch of account: _____

Address: _____ City, State, Zip: _____

ABA Routing Number: _____

Account Number: _____

Name of primary account holder: _____

Loan Information

Loan Account Number: _____ Loan due date: _____

Amount: \$ _____

Circle day of automatic payment (withdrawal date):

1st 10th 20th 25th

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

Authorized Signature: _____ Date: _____

Please print name of authorized signature: _____

For OHA use only: New Change: Override previous ACH (Date: _____ & Amount: \$ _____)
Date received: _____ Received by: _____
Date Processed: _____ Processed by: _____
Prenote: _____ Started: _____