



How to Use DocuSign Forms

1. Go to the Certified Federal website: www.certifiedfed.com → Support → Forms + Disclosures
2. Click on the Form document link that you need www.certifiedfed.com/ecmrecurringform (example):
3. Enter name and email address; click BEGIN SIGNING

A screenshot of a DocuSign form titled "Certified Federal Credit Union". The form contains the following text: "Fill in the name and email for each signing role listed below. Signers will receive an email inviting them to sign this document." and "Please enter your name and email to begin the application process." Below this, the role "member" is listed. There are two required fields: "Your Name: *" with a sub-label "Full Name" and "Your Email: *" with a sub-label "Email Address". A yellow "BEGIN SIGNING" button is located at the bottom of the form area.

4. Click continue to Complete the Content of the Form

A screenshot showing a yellow "CONTINUE" button at the top right. Below it, a dark grey form area contains the following text: "I/we hereby authorize Certified Federal to debit entries to my/our account indicated and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION. I/we acknowledge the origination of ACH transactions to my/our account must comply with the provisions of U.S. law." Below this, there are three fields: "Member Name Anita Payfast", "Account No." with a red-bordered input box, and "Phone No." with a red-bordered input box. The "Loan Type" field is partially visible with a red-bordered input box.

5. Complete all of the Required fields

DocuSign Envelope ID: 11556168-3658-4E24-857A-0F2AF9988B08

START

Certified Federal
CREDIT UNION

Authorization Agreement: ECM Payments

I/we hereby authorize Certified Federal to debit entries to my/our account indicated and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION. I/we acknowledge the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.

Member Name Anita Payfast

Account No. 12345678 Loan Type

Phone No.

Account Information Checking Savings

Financial Institution to Debit Routing Number

Name on Account Account No.

Recurring Amount \$

ACH transactions to my/our account must comply with the provisions of U.S. law.

Member Name Anita Payfast

Account No. 12345678 Loan Type **Required**

Phone No.

6. Once all required fields are completed, click START to sign the Form

START

Certified Federal
CREDIT UNION

Authorization Agreement: ECM Payments

I/we hereby authorize Certified Federal to debit entries to my/our account indicated and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION. I/we acknowledge the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.


Member Name Anita Payfast


Account No. 12345678 Loan Type MORE Rewards Visa

Phone No. 555-555-5555

- DocuSign will create a signature for you that is completely legal to use. Click FINISH when it appears.

This authority is to remain in full force and effect until Certified Federal has received written notification from me (or either of us) of its termination in such time and manner as to afford Certified Federal and FINANCIAL INSTITUTION a reasonable opportunity to act on it. This Agreement shall be governed by the laws of the state of California and the rules of the National Automated Clearing House Association.

DocuSigned by:

 From: 785F4788B8112A4F

Sign


Optional Holder Signature (if different)

5/11/2021
 Date

FAX 626.350.1400
 011321


Office Use Only
 Tracking Number

CFCU ECM Payment Authorization Agreement 011321.pdf 1 of 1

FINISH

- That's it! Save a copy or print a copy, if you wish.

Save a Copy of Your Document



Your document has been signed

If you would like a copy for your records, select Download or Print and save.

DOWNLOAD **PRINT** **CLOSE**

Certified Federal
 CREDIT UNION

Authorization Agreement: ECM Payments

I/we hereby authorize Certified Federal to debit entries to my/our account indicated and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION. I/we acknowledge the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.


Member Name: Anita Payfast
 Account No: 22345678 Loan Type: MORF Rewards Visa
 Phone No: 555-555-5555

Account Information Checking Savings
 Financial Institution to Debit: wells Fargo Routing Number: 223456789
 Name on Account: Anita Payfast Account No: 87654321
 Recurring Amount: \$450.00

Select Schedule
 Weekly on _____ day of every month
 Semi-Monthly on the _____ day and _____ day of every month
 Monthly on the 25 day of every month
 I/we wish to have recurring transactions that fall on non-banking days to be processed on the closest banking day BEFORE the scheduled date.

Duration cannot begin on a holiday or non-banking day
 Beginning: June 1 2021

This authority is to remain in full force and effect until Certified Federal has received written notification from me (or either of us) of its termination in such time and manner as to afford Certified Federal and FINANCIAL INSTITUTION a reasonable opportunity to act on it. This Agreement shall be governed by the laws of the state of California and the rules of the National Automated Clearing House Association.

DocuSigned by:

 From: 785F4788B8112A4F

Account Holder Signature (if different)

5/11/2021
 Date

FAX 626.350.1400
 011321

Office Use Only
 Tracking Number

CFCU ECM Payment Authorization Agreement 011321.pdf 1 of 1

CLOSE