



**ONE-TIME ACH - REQUEST FORM**

Addendum to automatic withdrawal form

**This form must be in our office FOUR BUSINESS DAYS prior to the date desired for the one-time ACH.**

Today's Date: \_\_\_\_\_ Client ID#: \_\_\_\_\_ Client Name: \_\_\_\_\_

**Reason for Request: (Mandatory for request to be processed-Select one)**

Make-up for an Insufficient Funds for previous ACH Date/Month of NSF: \_\_\_\_\_

Amount of ACH: \$ \_\_\_\_\_ Date for one-time ACH: \_\_\_\_\_

(if no amount is provided, your current Monthly payment amount will be used).

Make-up for a missed or skipped ACH Date/Month of missed ACH: \_\_\_\_\_

Amount of ACH: \$ \_\_\_\_\_ Date for one-time ACH: \_\_\_\_\_

(if no amount is provided, your current Monthly payment amount will be used).

Extra payment (this would be any amount above your normal current monthly payment–Maximum \$300)

Amount of ACH: \$ \_\_\_\_\_ Date for one-time ACH: \_\_\_\_\_

Is there a specific account (s) you would like this extra payment applied to? If so, please indicate below:

\*Always reference accounts with the name of creditor and last 4-digits of the account number so we can accurately process your request. If no instruction is provided, the amount will be applied to an account(s) with the highest apr and/or lowest balance.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Note:**

**A \$3.00 processing fee will be added to your one-time ACH transaction amount.**

**Your regular Monthly ACH payment schedule will resume after this one time ACH is processed.**

The bank account currently associated with your client number will be used for this request. If you wish to use a different account, please include a Bank Account Change Form. This form is located on our web-site [www.meredian.com](http://www.meredian.com) or you may call our toll free number at (800) 938-0092 and speak to a customer service representative. By signing this form I am giving Meredian the Authorization to do as stated on this form.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_