

ACH CREDIT Authorization

 New

 Amount Change

 Date Change

 Cancellation

COMPLETE ALL SECTIONS

Section 1: Seattle CU account the funds will be withdrawn from	Pre-Auth #
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Member Name _____ Amount \$ _____

Member # _____ Savings / Checking Account# _____
 (Check only one)

(Complete a separate form for each product at Seattle CU being debited)

Section 2: Frequency of Transfer - **Select and complete only one of the Options below**

Option 1: Monthly Weekly Starting On _____
 (Check only one)

Option 2: Semi-Monthly on the: 1st and 15th day of each month Starting On _____
 15th and last day of each month
 16th and last day of each month
 (Check only one)

Option 3: Bi-Weekly: 1st 2nd 3rd 1st and 2nd Every Bi-Weekly
 (Check only one)
 Starting On: _____

Section 3: Other Financial Institution Account Information – If NEW, a **voided check** for the account to be credited, is preferred. **All information MUST be filled in for NEW, AMOUNT CHANGES, DATE CHANGES, and CANCELLATIONS**

Institution Name _____

Routing & Transit # _____

Account # _____

Account Type Savings Checking Loan (check only one)

Section 4: Terms and Agreement

The transaction listed above will be completed on the specified day. A hold for the transfer will occur one business day before posting. Seattle Credit Union is not held responsible for payments or credits missed due to insufficient funds or invalid information provided. If the funds are unavailable, it will be the member's responsibility to arrange payment. Seattle Credit Union may overdraw the member's Seattle Credit Union account and assess an overdraft fee. If the funds are unavailable for (3) consecutive payments, Seattle Credit Union may cancel the above agreement. When the transaction date falls on a weekend or holiday, the transaction will be done on the next business day. Your monthly statement will serve as your receipt.

This authorization is to remain in full force and effect until my credit union account shown above is closed or Seattle Credit Union has received written notification from me (or either of us) of its termination.

Member Signature: _____ Date: _____

Seattle Credit Union Employee Initials _____ Teller # _____ Date: _____

This form must be received by Operations no less than 3 business days prior to the beginning date listed above.

For Operations Use Only:

Date Received:	Built: <b style="font-size: 1.2em;">CREDIT	Verified:
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