

ACH AUTHORIZATION AGREEMENT

Please read instructions carefully before completing this form.

SECTION 1: This section is for the member's account information with the Soo Co-op Credit Union.

A **Debit** authorization will **Withdraw** funds from their SCCU account and send it to the Financial Institution that is named in **Section 2** of this form. A **Credit** authorization will **Deposit** funds into their account at the SCCU and withdraw funds from the Financial Institution named in **Section 2**. **SECTION 2:** Is to be completed with the information for the other Financial Institution involved in this transaction. **SECTION 3:** Is for the member's signature and the schedule for when the member wants the ACH transactions to take place.

SECTION 1: Account Information at Soo Co-op Credit Union

I hereby authorize Soo Co-op Credit Union to initiate the following (debit/credit) transactions and/or, if necessary, make adjustments for any ACH entries made in error to my account:

NAME (Please Print) _____

ACCOUNT NUMBER _____

WITHDRAWAL DEPOSIT LOAN PAYMENT

SUFFIX _____

EFFECTIVE DATE: _____
(DATE TRANSACTION IS TO BEGIN)

\$ _____
AMOUNT

SECTION 2 Other Financial Institution and Account Information

NAME OF FINANCIAL INSTITUTION _____

NAME OF ACCOUNT HOLDER _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

WITHDRAWAL OR DEPOSIT **TO/FROM:** CHECKING SAVINGS LOAN OTHER
(Check One) (Check One)

SECTION 3: Signature and Schedule Information

SCHEDULE	
<input type="checkbox"/> Weekly (Friday only)	
<input type="checkbox"/> Bi-Weekly (Friday only)	
<input type="checkbox"/> Bi-Monthly	<input type="checkbox"/> 1 st & 15 th <input type="checkbox"/> 15 th & 30 th
<input type="checkbox"/> Monthly	<input type="checkbox"/> 1 st <input type="checkbox"/> 15 th <input type="checkbox"/> 30 th
Amount	\$ _____

MEMBER'S SIGNATURE _____

DATE _____

DAYTIME PHONE NUMBER _____

ONE OF THE FOLLOWING MUST BE ATTACHED TO THIS FORM TO VERIFY MEMBER HAS AUTHORITY TO INITIATE TRANSACTIONS AT THE OTHER FINANCIAL INSTITUTION.

VOIDED CHECK DEPOSIT TICKET OTHER

EMPLOYEE INITIALS AND NUMBER _____

ACH AUTHORIZATION AGREEMENT GUIDELINES

(Give this page to member)

Verification that the Financial Institution you are sending money to or receiving from accepts ACH requests:

Not all financial institutions accept ACH transactions. It is your responsibility to verify with the Financial Institution that you will be sending money to, or receiving from, that they will accept this transaction from you.

Verification of authority to initiate ACH transaction:

We must have proof from you that you are an authorized signer on the account that you are withdrawing money from. Therefore, a Voided Check, Deposit Ticket or other documentation showing that you have the proper authority to authorize an ACH withdrawal is required before the ACH Withdrawal Authorization will be initiated.

How to revoke this authorization:

This authorization will remain in effect until we receive written notice, signed by you, revoking this authorization. This notice needs to be received by us three (3) days prior to the scheduled transaction date

Non-sufficient Funds:

If three (3) or more ACH transactions are returned to us for Non-sufficient funds this agreement may be terminated. All NSF fees are applicable to ACH transactions. Please see our fee schedule.