## **ACH DEBIT Authorization**

□ New	🗆 Amour	t Change	Date Cl	hange	□ Cancellation	
COMPLETE ALL SECTIONS						
Section 1: Seattle CU account the funds will be deposited				Pre-Auth #		
Member Name					Amount _\$	
Member #		☐Savings [ ☐Loan ( <b>Check o</b> r	-	Account #		
	(Complete a se	parate form for <u>each</u>		e CU beina cre	dited)	
Section 2: Frequency of Transfer - <u>Select and complete only one of the Options below</u>						
	-					
<u>Option 1:</u>	☐Monthly	Starting Or				
Option 2:			and 15 <sup>th</sup> day of each month			
Semi-Monthly on the:  □15 <sup>th</sup> and last day of each month Starting On □16 <sup>th</sup> and last day of each month						
		(Check or	•			
<u>Option 3:</u>	Bi-Weekly: □1 <sup>st</sup>		□1 <sup>st</sup> and 2 <sup>r</sup> eck only One)	nd 🗌 Every	Bi-Weekly	
Starting On:						
Section 3: Other Financial Institution Account Information – If NEW, a voided check for the account to be charged, is preferred.						
All information MUST be filled in for NEW, AMOUNT CHANGES, DATE CHANGES, and CANCELLATIONS						
Institution Name						
Routing & Transit #						
Account #						
Account Ty	vpe □ Savings □	] Checking	(check only one	)		
Section 4: Terms and Agreement						
The transaction listed above will be completed on the specified day. Seattle Credit Union is not held responsible for payments missed due to insufficient funds or incorrect information provided. If the funds are unavailable, it will be the member's responsibility to arrange payment. 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. If a final ACH debit for a loan payment is greater than the payoff amount, the residual funds will be deposited to your primary savings account. A zero balance on an active Line of Credit will not automatically cancel an ACH debit to that Line of Credit. 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 Signatur	e:			Date		
Seattle Credit Union Employee Initials		Т	eller #	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:			Verified:	