

Authorization Agreement for Direct Payments

ACH Debits (Rev 4/2018)

I/We hereby authorize Signature Federal Credit Union to electronically debit (withdraw funds from) my/our account (and if necessary, electronically credit my/our account to correct erroneous debits) at another financial institution indicated below as follows:

Financial Institution Name

Financial Institution Phone Number

Financial Institution City

State

Zip

Start Date

Financial Institution's ABA/Routing Number

Account Number

Savings

Checking

NOTE: Any requests for transfers of \$5,000.00 or more must be accompanied by either a voided check or other documentation proving your ownership of the account at the Depository. The maximum ACH amount is \$10,000.

Please transfer from my account indicated above beginning on _____ using the following frequency:

Monthly Semi-Monthly Biweekly Weekly One Time (\$1.95 fee on One-Time ACH)

Please distribute the funds among my accounts as follows:

Signature FCU Account Number	ID #	Amount
	Loan ID: L-	\$
	Share ID: S-	\$

Loan Transfers: I/We understand that this deduction is only for my/our initial deduction and that these may be changed to match my scheduled loan payment amount(s). I/We further understand that if my/our payment is calculated based on a loan balance, the payment may vary from month to month and I/we are responsible to ensure the full payment is made if the authorized ACH is insufficient to cover the entire payment. I/We must change the distribution amount by notifying a Signature Federal Credit Union representative at least two (2) business days prior to the effective date of a recurring transaction.

I/We understand that this authorization will remain in full force and effect until I/we notify Signature Federal Credit Union that I/we wish to revoke it. I/We understand that Signature Federal Credit Union requires at least two (2) business days prior notice in order to cancel this authorization. I/We agree that ACH transactions I/we authorize comply with all applicable laws.

Print Name

Signature

Date

To Be Completed By Signature FCU

Date Entered: _____

Verified ID

Representative _____

