

Authorization Agreement for Direct Payments ACH Credits (Outbound) (Rev 2/2023)

I/We hereby authorize Signature Federal Credit Union to electronically withdraw funds from my/our account at the Credit Union and deposit to the account indicated below.

Name of Financial Institution to deposit to

Financial Institution Phone Number

City

State

Zip

Effective Date

Financial Institution ABA/Routing Number

Account Number

Savings

Checking

NOTE: The maximum ACH amount is \$10,000.

Please withdraw \$_____ from my Signature FCU account # _____ Share ID _____

beginning on _____ using the following frequency:

Monthly

Semi-Monthly

Biweekly

Weekly

One Time (\$1.95 fee on One-Time ACH)

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 _____

