



## ACH ORIGINATION AUTHORIZATION FORM

### ACH REQUEST INFORMATION

- Please DEPOSIT (Credit) to my Southern Security FCU account by withdrawing funds from the financial institution named below. I authorize that institution to initiate debit entries to my Southern Security FCU  Savings  Checking  Loan \_\_\_\_\_
- Please WITHDRAW (Debit) from my Southern Security FCU account and send the funds to the other financial institution named below.  Savings  Checking

### Southern Security FCU Information:

- Member Name \_\_\_\_\_ Account Number \_\_\_\_\_
- One Time Amount \$ \_\_\_\_\_ Transfer Date \_\_\_\_\_
- Recurring Amount \$ \_\_\_\_\_ First Transfer Date \_\_\_\_\_
- Frequency  Monthly \_\_\_\_\_ (Date)  Weekly  Other \_\_\_\_\_

### Outside Institution Information:

- Financial Institution Name \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_
- Account Holder Name \_\_\_\_\_ Account Type  Savings  Checking

### STOP AN EXISTING AUTHORIZATION

- Stop the ACH Origination that was previously authorized through Southern Security FCU. The next scheduled date for the payment/transfer to stop is: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Frequency \_\_\_\_\_

### Please read the following statement and indicate your acceptance by signing below:

I (We) hereby authorize Southern Security FCU to initiate/set up the ACH draft to/from my designated financial institution as I have indicated above. I (We) acknowledge that ACH transactions to/from my (our) account must comply with the provisions of US law and standard ACH guidelines. Recurring authorizations are to remain in full force and effect until Southern Security FCU has received written notification from me (or either of us) of its termination at least three business days prior to the next scheduled transfer and a fee may be assessed for that service. If my selected transfer date falls on a weekend or holiday, I understand that the transaction will be processed on the next business day. I further understand and agree that in order for SSFCU to make any automatic transfers per this Authorization Form, the full amount must be available in my account. It may take up to 48 hours for the transaction to post at the other financial institution. A \$26 fee and cancellation of my automatic transfer agreement will be assessed if funds are not available for transfer. On recurring transactions, agreement will be cancelled if there are two occurrences of returns. I agree to hold Southern Security FCU harmless for any expenses, including fees, assessed as a result of its inability to process a preauthorized transfer due to: incorrect account information provided by me; for its having acted on a stop payment transfer order; or for there being insufficient funds in an account I designated. I understand that for the transfer to occur, both the receiving and debited account must be an account for which I have authority to both receive and withdraw funds.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_