



Member Name (Last, First) \_\_\_\_\_

NEW  CHANGE

**AUTHORIZATION AGREEMENT FOR ACH ORIGATION**

School Systems FCU (SSFCU) may give you credit for Automated Clearing House (ACH) payments before it receives final settlement of the funds transfer. Any such credit is provisional until SSFCU receives final settlement of the payment. You are hereby notified and agree, if SSFCU does not receive such final settlement, that SSFCU is entitled to a refund from you in the amount credited to you in connection with that ACH entry.

ACH transactions are governed by operating rules of the National Automated Clearing House Association. In accordance with these rules, SSFCU will not provide you with the next day notice of receipt of ACH credit transfers to your account. You should consider notification as the transaction shown in your periodic account statements which we provide to you.

I hereby authorize School Systems Federal Credit Union to initiate **ACH** entries as requested below. I agree to have available funds in my account on the designated date to satisfy this transfer. I agree to pay any applicable fees for this service as disclosed in the Fee Schedule. This authority will remain in effect until I notify the credit union in writing at least three business days prior to the next settlement date. I also acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law. If the scheduled date should fall on a Saturday, Sunday or bank holiday, this transfer will automatically be made on the following business day.

**SCHOOL SYSTEMS FCU ACCOUNT INFORMATION**

Member# \_\_\_\_\_ As a debit (withdrawal) \_\_\_\_\_ Checking (75/77/78)  
Amount \$ \_\_\_\_\_ As a credit (deposit/pmt) \_\_\_\_\_ Savings (01)  
\_\_\_\_\_ Note# \_\_\_\_\_

Frequency of Transfer:

\_\_\_\_\_ One-time \_\_\_\_\_ Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Semi-Monthly \_\_\_\_\_ Monthly

**SECONDARY FINANCIAL INSTITUTION INFORMATION**

Name and Address of secondary Financial Institution to be effected: \_\_\_\_\_

Name on Account \_\_\_\_\_

Routing # \_\_\_\_\_

**PLEASE NOTE: A statement copy from this FI showing the account number and name on account must be attached to this form for verification.**

Account# \_\_\_\_\_ As a debit (withdrawal) \_\_\_\_\_ Checking \_\_\_\_\_

Start Date \_\_\_\_\_ As a credit (deposit/pmt) \_\_\_\_\_ Savings \_\_\_\_\_

*School Systems Federal Credit Union will make every effort to complete this transfer unless circumstances beyond our control prevent the transfer, despite reasonable precautions that we have taken. All terms and conditions of your account agreement apply to this agreement. A \$5.00 ACH Origination Setup Fee will be charged to the SSFCU account listed above. SSFCU requests at least 5 business days notice prior to the first effective date. Once setup is complete, it may take up to 5 business days from the first effective date for your transaction to fully process.*

\_\_\_\_\_  
Date Signature Phone #

**MSR Use:** Initials: \_\_\_\_\_ Verified via (check one): \_\_\_\_\_ Drivers License \_\_\_\_\_ Call back to phone# on file ( if recv'd by fax/em)

**ACCT Use:** ACH Setup By: \_\_\_\_\_ Date: \_\_\_\_\_ Setup CAN#: \_\_\_\_\_ Fee (FY) CAN#: \_\_\_\_\_

Batch#: \_\_\_\_\_ Verified By: \_\_\_\_\_

OFAC Completed By (both member & other FI): \_\_\_\_\_ **IF 1X ONLY:** Date Deleted: \_\_\_\_\_ By: \_\_\_\_\_

I hereby authorize School Systems Federal Credit Union to CANCEL the above described recurring ACH, effective as of \_\_\_\_\_.

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

**CU Use:** ACH Cancellation Completed By: \_\_\_\_\_ Date: \_\_\_\_\_ CAN# \_\_\_\_\_ Verified By: \_\_\_\_\_