



ACH Authorization Agreement

- New Authorization
- Change Authorization
- Terminate Authorization

Member Name _____

Member Phone _____

I authorize Spirit of Alaska Federal Credit Union to originate a funds transfer as described below:

<p style="text-align: center;">FROM (Debit): SOAFCU</p> <p>Account # _____</p>	<p>TO (Credit): Other Financial Institution Name _____</p> <p>ABA: _____ (9 digits) Account# _____</p> <p>Type: <input type="checkbox"/> Savings <input type="checkbox"/> Checking* <input type="checkbox"/> Loan Amount \$ _____</p> <p><small>* A Money Market account is considered a checking account. If you wish to transfer funds from your Money Market, we will need the full routing and transit number in order to differentiate it from your regular checking account.</small></p>
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OR

<p>FROM (Debit): Other Financial Institution Name _____</p> <p>ABA: _____ (9 digits) Account # _____</p> <p>Type: <input type="checkbox"/> Savings <input type="checkbox"/> Checking* <input type="checkbox"/> Loan Amount \$ _____</p>	<p style="text-align: center;">TO (Credit): SOAFCU</p> <p>Account Number _____</p> <p>Share <input type="checkbox"/> Loan <input type="checkbox"/></p>
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Start Date ____/____/____

End Date ____/____/____ (if known)

FREQUENCY		
<input type="checkbox"/> Annually	<input type="checkbox"/> Monthly on the _____	<input type="checkbox"/> One Time Only on ____/____/____
<input type="checkbox"/> Biweekly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Weekly
<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Semi-Monthly (15 th & end of month)	<input type="checkbox"/> Daily

By submitting this request, I agree to the following: I understand the exact information is necessary for this ACH transfer to be completed successfully. The Credit Union will not be responsible for failing to complete the ACH transfer if I give the Credit Union incorrect information. The Credit Union will not be liable for ACH transfers contrary to this request unless the transfer is caused by the Credit Union's negligence and causes actual loss to me. The Credit Union's liability shall not exceed the amount of the ACH transfer request in any event. I agree to reimburse the Credit Union for any loss it sustains honoring this request. Unless an end date is provided within the original ACH Authorization Agreement, the authorization will remain active until SOAFCU has received written notice.

Signature _____

Date _____

Credit Union Use Only		
Accepted by _____	Dept. _____	Date _____