



ACH PREAUTHORIZED TRANSFER - LENDING

Origination Type: New Request Modify Request Cancel Request

Member Information

Member Name: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____

Preauthorized Transfer Information

It may take up to 30 days for the first preauthorized transfer to be processed. Authentication of account is required prior to establishing a preauthorized transfer. Acceptable documentation includes, but is not limited to, a voided check, preprinted deposit ticket, account statement, court order, or other legal document.

Current Monthly Loan Payment

Loan Account Number: _____
Loan Transfer Frequency: Monthly
Payment Due Date: _____
Current Monthly Payment: \$ Monthly Amount Due
Extra to Principal (optional): \$ _____

I authorize St. Mary's Credit Union to electronically debit my account at:

Financial Institution Name: _____
Account Title or Name on Account: _____
Checking Account Number: _____
Statement Savings Account Number: _____
Routing Transit Number: _____

By signing below, you agree to the following terms and conditions.

I authorize St. Mary's Credit Union to initiate credit entries to my account or modify or terminate a previous request as set forth above. St. Mary's Credit Union will debit the funds electronically from the company or financial institution named above. Incomplete forms will not be processed. This authority will remain in full force and effect until St. Mary's Credit Union has received oral or written notification from me, at least three business days prior to the next scheduled payment, of the modification or termination of the preauthorized transfer. I may be assessed a fee for modification or termination. I understand that within 14 days of any oral notification, I need to provide written confirmation of the modification or termination of the preauthorized transfer to St. Mary's Credit Union. I agree to be bound by the rules governing ACH transfers and understand that entries may not be initiated that violate any laws of the United States. St. Mary's Credit Union may terminate this agreement at any time after notifying me in writing at my address of record.

I also authorize St. Mary's Credit Union to process adjustment entries as necessary for any entries made in error to my account. I agree to hold St. Mary's Credit Union harmless for any expenses assessed as a result of its inability to process a preauthorized transfer due to incorrect information provided by me; for having acted on a stop transfer order; or, due to insufficient funds in an account I designated.

Member Signature: _____ Date: _____

SMCU Representative: _____ Date: _____ Time: _____

Cancellation Request: In Person Phone Fax Mail Secure e-mail