



## ACH PREAUTHORIZED TRANSFER

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.

I am initiating a  Credit  Debit transfer of \$ \_\_\_\_\_ to/from my account at St. Mary's Credit Union.

Weekly  Bi-Weekly Day of Week (Monday-Friday): \_\_\_\_\_

Monthly Day of Month (1-31): \_\_\_\_\_

#### St Mary's Credit Union Account:

Checking Account Number: \_\_\_\_\_

Statement Savings Account Number: \_\_\_\_\_

I authorize St. Mary's Credit Union to electronically  Credit  Debit transfer from/to 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 and/or debit entries to or from my account, or modify or terminate a previous request as set forth above. St. Mary's Credit Union will debit and/or credit 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 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