## **ACH Authorization Agreement**

## **Create Or Change Your ACH**

Are You Creating A New ACH Or Changing An Existing ACH?	
☐ Creating A New ACH or ☐ Changing A Current ACH	Important Things To Know
KCU Account	■ This request requires you to be an owner on both
Account Number	accounts.
☐ To Savings ☐ To Checking ☐ To Loan ☐ From Savings ☐ From Check	There is a \$2,500 maximum when depositing to a KCU account.
Other Financial Institution Account	Please allow up to 10 business days for the initial transaction to be scheduled.
Financial Institution NameRouting Number	
Account Number	<del>_</del>
Account Type: (Account type will default to checking if none is selected)	your KCU account.
☐ To Savings ☐ To Checking ☐ From Savings ☐ From Checking	<ul> <li>If funds are not available the ACH will not be attempted again until the next scheduled ACH date.</li> <li>Providing a voided check from your other financi institution will help us ensure the accuracy of</li> </ul>
Please Select The Amount, Date, And Frequency Of Your ACH	your account information.
Dollar Amount	is on a weekend or holiday, the ACH will occur th
	■ If dollar amount and/or start date are not indicate
☐ One Time	the payment due amount and payment due date will be used.
☐ Weekly On ☐ Mon ☐ Tue ☐ Wed ☐ Thur ☐	Fri
☐ Every Other Week On ☐ Mon ☐ Tue ☐ Wed ☐ Thur ☐	Fri
☐ Monthly On (indicate date of month 1 – 31)	<u> </u>
Twice-Monthly On (indicate date of month 1 – 31)&	
Cancel Your ACH	
Name Of Financial Institution	<u> </u>
Account Number	_
Dollar Amount	<u> </u>
Effective On The Following Date	<u> </u>
Using KCU Account Number	<u> </u>
Authorize Your ACH	
You hereby authorize and request KCU to debit funds from your account and credit the funds according to the above instructions. In the event of an error, you authorize KCU to take any and all action required to correct the error.  You acknowledge that the origination of ACH transaction to my account must comply with the provision of U.S. Law and the Rule of the National  Automated Clearing House Associa acknowledge that you have retain authorization when you sign it. You cancel the authorization.  You agree to indemnify and hold K from all costs, including attorney's extent permitted by law), damages	including claims of any joint account-holder, payee, or endorsee, or in failing to cancel or process an item as a result of incorrect information provided by you.  By signing below, you certify that the information you have given on this ACH Authorization fees, (to the Agreement is in complete, true, and submitted for
Print Name Signature	Date
Fax completed form to 360-307-2199 or mail to Kitsap Credit Union, Support Services, PO	
Staff FSR Date Ext	