

ACH Authorization Agreement



Create Your ACH

KCU Account Number _____

Other Financial Institution Account

Financial Institution Name _____

Routing Number _____

Account Number _____

From Savings From Checking

Please Select The Amount, Date, And Frequency Of Your ACH

Dollar Amount _____

Date of First Transfer (MM/DD/YY) _____

- Weekly On Mon Tue Wed Thur Fri
 Every Other Week On Mon Tue Wed Thur Fri
 Monthly On (indicate date of month 1 – 31) _____
 Twice-Monthly On (indicate date of month 1 – 31) _____ & _____

Things To Know

- This request requires you to be an owner on both accounts.
- Please allow up to 10 business days for the initial transaction to be scheduled.
- If funds are not available the ACH will not be attempted again until the next scheduled ACH date.
- Providing a voided check from your other financial institution will help us ensure the accuracy of your account information.
- If the date you have requested the ACH to occur is on a weekend or holiday, the ACH will occur the following business day.
- If dollar amount and/or start date are not indicated the payment due amount and payment due date will be used.

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 your account must comply with the provision of U.S. Law and the Rule of the National

Automated Clearing House Association. You further acknowledge that you have retained a copy of this authorization when you sign it. You must notify KCU in writing if you would like to make any changes or to cancel the authorization.

You agree to indemnify and hold KCU harmless from all costs, including attorney's fees, (to the extent permitted by law), damages or claims related

to KCU's action in refusing payment of the item, 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 Agreement is complete, true, and submitted for the purpose selected above.

Print Name _____ Signature _____ Date _____

Fax completed form to (360)307-2199 or mail to Kitsap Credit Union, Support Services, PO Box 990, Bremerton, WA 98337 • ?'s Call (360) 662-2000 or (800) 422-5852

Staff Use FSR _____ Date _____ Ext _____