



ACH DEBIT AUTHORIZATION

For Automatic Funds Transfers from Other Financial Institutions

I'd like to:	start a new transfer	update my existing transfer	cancel my transfer	effective _____
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Member Name(s)	Account Number	Loan/Share ID
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Name of Other Financial Institution (please attach a voided check or authorization letter)

Account Number at Other Financial Institution	9-digit Routing Number	Type of Account Checking Savings*
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Transfer Amount: \$ _____ - or - Minimum Payment Due
 Start Date : _____ (Request must be received no less than 14 days prior to the start date.)
 Frequency (Only Select One):
 Weekly (every seven days) Monthly (indicate date: 1-28, last day of month, or loan due date) _____
 Bi-weekly (every two weeks) Semi-monthly (indicate dates: 1-28, or last day of month) _____ & _____

First payment must be paid in full by the due date to avoid late fees.

I authorize Sound Credit Union to initiate ACH debits from _____ (financial institution) to make payments/deposits, as designated above, to my Sound Credit Union loan, savings, or checking account. I authorize the financial institution listed on the attached voided check to accept the deductions initiated by Sound Credit Union. Note: Deductions can only be made in US funds from financial institutions located in the US.

I make this authorization subject to the following conditions:

- Debits will be made based on the 9-digit routing number provided by me to Sound Credit Union with a voided check from the account to be debited. It is my responsibility to provide Sound Credit Union with the correct account number and routing number of the other financial institution.
- I have the right to terminate this authorized debit at any time by notifying Sound Credit Union in writing at least five (5) business days prior to the next debit date.
- Sound Credit Union, after three (3) consecutive months of failing to receive the payment electronically, may opt to terminate this authorization.
- If an attempt is unsuccessful, Sound Credit Union will make only one (1) additional attempt per scheduled occurrence. I am responsible to make other payment arrangements should the account have insufficient funds.
- When the debit date falls on a weekend or holiday, the debit will occur the next business day.
- If transfer is for a loan payment, amount debited will not exceed loan payoff amount.

Signature is Required

Print Name	
Signature	Date

To expedite your request, please return the completed form to a branch, or fax it to us at 253.597.7610. If you are unable to fax or return the form to a branch, you may mail your signed, completed form to us at the following address: Sound Credit Union, Attn: Accounting Department, PO Box 1595, Tacoma, WA 98401.

*Some financial institutions will not allow ACH debits from savings accounts. Contact the other financial institution to inquire into their policy.

For credit union staff only:			
Received by: _____	Teller ID: _____	Branch #: _____	Date: _____