



ACH DEBIT AUTHORIZATION

For Automatic Funds Transfers from Other Financial Institutions

I'd like to: <input type="radio"/> start a new transfer <input type="radio"/> update my existing transfer <input type="radio"/> cancel my transfer effective _____		
Member Name(s)	Account Number	Loan/Share ID
Name of Other Financial Institution (please attached a voided check)		
Account Number at Other Financial Institution	9-digit Routing Number	Type of Account <input type="radio"/> Checking <input type="radio"/> Savings*
Transfer Amount: \$ _____ - or- <input type="radio"/> Minimum Payment Due Start Date: _____		
Frequency (Only Select One):		
<input type="radio"/> Weekly (every seven days) <input type="radio"/> Monthly (indicate date: 1-28, last day of month, or loan due date) _____		
<input type="radio"/> Bi-weekly (every two weeks) <input type="radio"/> Semi-monthly (indicate dates: 1-28, or last day of month) _____ & _____		

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 (MM/DD/YY)

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 Use Only		
Received by (teller number)	Date received	Date received by Accounting
Prenote date	ACH build date	Date item first sent