



ACH DEBIT AUTHORIZATION

For Automatic Funds Transfers from
Other Financial Institutions

Account Number: _____

User ID: _____

Doc Date: _____

Purpose: Start Cancel Update an existing authorization

Section 1: Member Information

Member Name: _____ Sound Account Number: _____

Personal Account OR Business Account. Business Name: _____

Section 2: Other Financial Institution Information

Name of Financial Institution: _____

Routing Number: _____ Account Number: _____

Checking OR Savings*

Personal Account OR Business Account. Business Name: _____

Section 3: Transfer Details

If transferring to a loan:

Loan ID: _____

Start my first transfer on: _____

Payment Option 1:

Minimum monthly payment

Payment Option 2:

Specific payment amount: \$ _____

Monthly

Biweekly (every two weeks)

Semimonthly (twice a month) on day 1 _____, day 2 _____

If transferring to a deposit account:

Share ID: _____

Start my first transfer on: _____

Transfer amount: \$ _____

Monthly

Biweekly (every two weeks)

Semimonthly (twice a month)

on day 1 _____, day 2 _____

NOTE: First payment must be paid in full by due date to avoid late fees. Request must be received no less than 8 calendar days prior to start date.

Section 4: Authorization

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 above to accept the deductions initiated by Sound Credit Union. Note: Deductions can only be made in US funds from financial institutions in the US.

I make this authorization subject to the following conditions:

- Debits will be made based on the account number and 9-digit routing number provided by me to Sound Credit Union. It is my responsibility to provide Sound Credit Union with the correct account number and routing number of the 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 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.
- 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.

Member Signature

Date

To expedite your request, please return the completed form to a branch, or fax it to us at 253.383.2079. 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 about their policy.