



ACH Authorization Agreement

New Authorization
 Change Authorization
 Terminate Authorization
 Decline Authorization

Member Name _____

Member Phone _____

I authorize Spirit of Alaska Federal Credit Union to originate a funds transfer as described below:

TRANSFER FUNDS TO ANOTHER INSTITUTION		
FROM (Debit): SOAFCU Account # _____ _____	TO (Credit): Other Financial Institution Name _____ ABA: _____ (9 digits) Account# _____ Type: Savings Checking* Loan Amount \$ _____ <small>* A Money Market account is considered a checking account. If you wish to transfer funds from your Money Market, we will need the full routing and transit number in order to differentiate it from your regular checking account.</small>	
OR MAKE A PAYMENT FROM ANOTHER INSTITUTION		
FROM (Debit): Other Financial Institution Name _____ ABA: _____ (9 digits) Account # _____ Type: Savings Checking* Loan Amount \$ _____		To: (Credit) SOAFCU Account # _____ Loan Share for Credit Card Payment* <small>*to complete credit card payment process, also fill out the credit card autopay form and submit.</small>
Start Date _____	End Date (if known) _____	
FREQUENCY		
Annually	Monthly on the _____	One time only on _____
Biweekly	Quarterly	Weekly
Semi-Annually	Semi-Monthly (15 th & end of month)	Daily

By submitting this request, I agree to the following: This ACH Authorization Agreement carries a \$10 one-time set up fee. I understand the exact information is necessary for this ACH transfer to be completed successfully. The credit union will not be responsible for failing to complete the ACH transfer if I give the Credit Union incorrect or incomplete information or if I do not have available funds in my account at the time the ACH transaction is initiated. I understand this may take up to 3 business days before the actual date of the transaction, at which time a hold may be placed on my account to reserve these funds. I am responsible and liable for all transactions made under this agreement. The credit union will not be liable for any damages associated with any ACH transfer, unless the transfer is caused by the credit union's gross negligence; if so the credit union's liability shall not exceed the amount of the ACH transfer request. I agree to reimburse the Credit Union for any loss it sustains honoring this request. Unless an end date is provided within the original ACH Authorization Agreement, the authorization may remain active until SOAFCU has received a written notice. The cancellation request must be submitted no less than ten (10) business days prior to the next scheduled transfer.

Member Signature _____

Date _____

Credit Union Use Only	Accepted by _____	Department _____	Date _____
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