



## ACH Origination Authorization Form

Please complete this form, then email to [info@snofalls.com](mailto:info@snofalls.com), mail to PO Box 2510, North Bend WA 98045, or bring it to a Sno Falls Credit Union branch to set up an automated payment plan to or from your account at another financial institution.

<b>Date:</b>	<b>Sno Falls Account and Loan/Share ID:</b>
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I hereby authorize Sno Falls Credit Union (SFCU) to initiate Automated Clearing House (ACH) entries to or from my account as described below. The amount, frequency, and other details of the entries are further described below. In the event of an error, I give Sno Falls Credit Union permission to make a correcting debit or credit entry as necessary.

**ATTACH/STAPLE VOIDED CHECK TO ENSURE PROPER ACCOUNT INFORMATION**

PAYMENT INFORMATION			
Automatic Transfer Type: <input type="checkbox"/> Incoming from External Financial Institution <span style="margin-left: 100px;"><input type="checkbox"/> Outgoing to External Financial Institution</span>			
SFCU Member Full Name(First, MI, Last):		Daytime Phone Number:	
Name of Account Holder External Financial Institution:		Phone Number of Financial Institution:	
City:	State:	Zip Code	Financial Institution Name & Routing (ABA) Number:
Type of Account: <input type="checkbox"/> Checking <span style="margin-left: 20px;"><input type="checkbox"/> Savings</span> <span style="margin-left: 20px;"><input type="checkbox"/> Loan</span>		Account Number at Financial Institution:	
PAYMENT ALLOCATION			
Specify amount or check box below for minimum loan payment due: \$ <input type="checkbox"/> Minimum Payment Due	Starting Month:	Posting Date of Month (1 – 27 only)	New Transfer <input type="checkbox"/> Change Existing <input type="checkbox"/>

This authorization is to remain in full force and effect until SFCU has received written notice of termination from me, and SFCU has had reasonable time to act on the notice. I understand that SFCU reserves the right to cancel ACH transactions without written consent under certain circumstances. Reasons that the credit union may exercise their right to cancel an ACH transaction include, but are not limited to the following: 1) Loan to which credit is being applied has been paid in full. 2) An ACH transaction is returned to SFCU due to a stop payment or closed account. 3) SFCU receives excessive NSF returns of an ACH transaction. In the event of a cancellation, a new ACH debit origination form must be submitted in order to re-initiate the ACH debit. If selecting "Change Existing Transfer" this form will void any previous transfers that may be withdrawn from the other institution. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law, and that ACH transactions are subject to the operating rules of the National Automated Clearing House Association. I understand and agree that in order for SFCU to make the debit entries requested in this authorization, I must have the payment amount available in my account. Any ACH entries returned to SFCU for insufficient funds will be subject to a \$29 NSF fee. Returned ACH entries will result in a reversal of the credit(s) posted, and a late penalty may also be incurred in accordance with the terms of the loan documents. I(We) understand that the account cannot be closed if there is a balance owed on returned fees. In circumstances where a loan may only have a partial payment due, the Credit Union will continue to collect the total distribution amount until the loan balance is paid in full. Any excess funds will be credited to your SFCU savings account.

I(We) hereby acknowledge receipt of a copy of this authorization.

_____ Signature (Primary Owner)	_____ Signature (Joint Owner)
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**To be completed by SFCU employee.**

OFAC Check: \_\_\_\_\_ Employee initials: \_\_\_\_\_ Date received: \_\_\_\_\_ Canceled Authorization: \_\_\_\_\_ Date Canceled: \_\_\_\_\_