ACH ORIGINATION AUTHORIZATION

Please complete this form and return to <u>info@snofalls.com</u>, mail to PO Box 2510, North Bend WA 98045, or visit a Sno Falls Credit Union branch to set up an automated payment plan to or from your account at another financial institution.

Date:			Sno Falls Account and Loan/Share ID:		
	letails of the entr	ies are further described		ies to or from my account as described below. The error, I give Sno Falls Credit Union permission to	
ATTACH/S	STAPLE VOII	DED CHECK TO EN	ISURE PROPER AC	COUNT INFORMATION	
			NFORMATION		
utomatic Transfer Type:	•	m External Financial I			
		External Financial Inst	itution		
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: □ Checking □ Savings □ Loan			Account Number at Financial Institution:		
			ALLOCATION		
Specify amount or check box ninimum loan payment due:	below for	Starting Month:	Posting Date of Month (1 – 27 only)	New Transfer □	
\$ □ Minimum Payment Due			, ,,,	Change Existing □	
time to act on the notice. I unde Reasons that the credit union r credit is being applied has beer excessive NSF returns of an A initiate the ACH debit. If selectin I acknowledge that the originat subject to the operating rules of debit entries requested in this insufficient funds will be subject be incurred in accordance with	rstand that SFCl may exercise the paid in full. 2) A CH transaction. g "Change Existi ion of ACH trans of the National Al authorization, I t to a \$29 NSF fe the terms of the s where a loan r	J reserves the right to care ir right to cancel an ACH transaction is returned in the event of a cancelling Transfer" this form will eactions to my account mutomated Clearing House must have the payment see. Returned ACH entries loan documents. I(We) upper light to the care in the care is a care in the ca	ncel ACH transactions with transaction include, but irned to SFCU due to a station, a new ACH debit of void any previous transfer ust comply with the provest amount available in my will result in a reversal of inderstand that the accoupayment due, the Credit	mination from me, and SFCU has had reasonable thout written consent under certain circumstances. are not limited to the following: 1) Loan to which top payment or closed account. 3) SFCU receives origination form must be submitted in order to rest that may be withdrawn from the other institution. isions of U.S. law, and that ACH transactions are not and agree that in order for SFCU to make the account. Any ACH entries returned to SFCU for f the credit(s) posted, and a late penalty may also ant cannot be closed if there is a balance owed on Union will continue to collect the total distribution gs account.	
I(We) hereby acknowledge rece	eipt of a copy of t	this authorization.			
Signature (Primary Owner)			Signature (Joint Owner)		
	, ,	,	by SFCU employee.		
0510.01		•			
OFAC Check: Employee	e initials:	Date received:	Canceled Authorizat	ion: Date Canceled:	