

Authorization for ACH/Automatic Preauthorized Payments

I authorize Summit Ridge Credit Union to originate ACH credits or debits such as deposits, withdrawals, loan payments, etc. on my account. Complete the information below and fax this form to 816-272-6266. ACH transactions must comply with the provisions of U.S. law. Call 816-272-6160 if you have questions.

Debit/Deposit t	o Financial Instit	ution:		
Type of Account (Circle one): Savings, Checking, Stash, Loan				
Credit/Withdra	wal from Financia	al Institution:		
Type of A	Account (Circle o	ne): Savings, Checking, Sta	sh, Loan	
	rcle one): One timember Access and		thly, weekly, bi-weekly, on demand via	
ABA/Routing#		Account#		
Account Name	e(s):			
• Amount: \$		Description(option	al):	
Effective date that transaction is to		is to occur:	(Date must be M-F business date.)	
If this is a red	curring ACH, aut	horization will remain in e	ffect until Summit Ridge Credit Union	
	receives a <u>writte</u>	n notification that the ACF	d is revoked or changed.	
*********Plea	ase allow 3 days	for the credit union to act	on any ACH change********	
SRCU Account Name(s):			SRCU Acct#:	
Signature(s):		Date of Request:		
If we are receiving	an ACH Debit/Cr	For your information: edit Request from an emplo	oyer or another financial institution,	
			ber in one of the following formats.	
Savings	XXXX-XX00	Checking XXXX-XX70	Stash XXXX-XX02	
\ \		X00XX (the last 2 digits are t	for the Seg/Loan #)	
We can print your		•		
	This	section to be completed by SR	CU Staff:	
Signature	e/Call back verificat	ion completed:		
TC#				
10#	SI-TC	Date Entered	Initials	
			Initials 04, 76	