



ACH PREAUTHORIZED TRANSFER

Origination Type

New Request Stop Previous Request Modify Request

Transfer Addenda Number: _____

Member Information

Member Name: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Preauthorized Transfer Information

It may take up to 30 days for the first preauthorized transfer to be processed. Authentication of account is required prior to establishing a preauthorized transfer. Acceptable documentation includes, but is not limited to, a voided check, preprinted deposit ticket, account statement, court order, or other legal document.

I am initiating a credit of \$ _____ to my account at St. Mary's Credit Union.

Credit Transfer:

Checking Account Number: _____

Statement Savings Account Number: _____

Frequency:

Weekly Day of Week (Monday-Friday): _____

Bi-Weekly Day of Week (Monday-Friday): _____

Monthly Day of Month (1-31): _____

Loan Payment:

Loan Account Number: _____

Loan Transfer Frequency: Monthly

Payment Due Date: _____

Regular Monthly Payment: \$ _____

Extra to Principal (optional): \$ _____

I authorize St. Mary's Credit Union to electronically debit my account at:

Financial Institution Name: _____

Account Title or Name on Account: _____

Checking Account Number: _____

Statement Savings Account Number: _____

Routing Transit Number: _____

I am initiating a debit of \$ _____ from my account at St. Mary's Credit Union.

Checking Account Number: _____

Statement Savings Account Number: _____

Frequency:

Weekly Day of Week (Monday-Friday): _____

Bi-Weekly Day of Week (Monday-Friday): _____

Monthly Day of Month (1-31): _____

I authorize St. Mary's Credit Union to electronically credit my account at:

Financial Institution Name: _____

Account Title or Name on Account: _____

Checking Account Number: _____

Statement Savings Account Number: _____

Routing Transit Number: _____

By signing below, you agree to the following terms and conditions.

I authorize St. Mary's Credit Union to initiate credit and/or debit entries to or from my account, or modify or terminate a previous request as set forth above. St. Mary's Credit Union will debit and/or credit the funds electronically from the company or financial institution named above. Incomplete forms will not be processed. This authority will remain in full force and effect until St. Mary's Credit Union has received oral or written notification from me, at least three business days prior to the next scheduled payment, of the modification or termination of the preauthorized transfer. I may be assessed a fee for modification or termination. I understand that within 14 days of any oral notification, I need to provide written confirmation of the modification or termination of the preauthorized transfer to St. Mary's Credit Union. I agree to be bound by the rules governing ACH transfers and understand that entries may not be initiated that violate any laws of the United States. St. Mary's Credit Union may terminate this agreement at any time after notifying me in writing at my address of record.

I also authorize St. Mary's Credit Union to process adjustment entries necessary for any entries made in error to my account. I agree to hold St. Mary's Credit Union harmless for any expenses assessed as a result of its inability to process a preauthorized transfer due to incorrect information provided by me; for having acted on a stop transfer order; or due to insufficient funds in an account I designated.

Member Signature: _____ Date: _____

SMCU Representative: _____

Branch: _____

For Internal Use Only

Completed By: _____

OFAC: _____

Batch #: _____

Date Completed: _____