

ACH DIRECT TRANSFER AUTHORIZATION

Authorization to Withdraw Funds from another Financial Institution

When you take advantage of automated transfers, you save time and reduce the risk of a missed payment or transfer.

- Use automated transfers to:
- qualify for a discount on most loans
 - make loan payments
 - build your savings or checking balance.

Name _____

1 I'd like to: **begin** a new direct transfer **update** my existing direct transfer **cancel** my direct transfer

2 This request should **take effect starting** _____ (month, day, year)

3 The **withdrawal will come from** _____
(name of financial institution)

Checking: a voided check from the other financial institution **must be attached**

OR

Savings, account number _____ 9-digit routing number _____

4 **Deposit the funds to my School Employees Credit Union account, number** _____ **as instructed below.**

<input type="checkbox"/> Deposit to Savings/Checking, sub # _____ Transfer amount: \$ _____	<input type="checkbox"/> Quarterly on this date: _____	<input type="checkbox"/> Semimonthly on these two dates: _____
	<input type="checkbox"/> Monthly on this date: _____	_____
	<input type="checkbox"/> Biweekly (M T W TH F) on this day: _____	<input type="checkbox"/> Weekly (M T W TH F) on this day: _____
<input type="checkbox"/> Payment to Loan # _____ Transfer amount: \$ _____	<input type="checkbox"/> Monthly on this date: _____	<input type="checkbox"/> Semimonthly on these two dates: _____
	<input type="checkbox"/> Biweekly (M T W TH F) on this day: _____	<input type="checkbox"/> Weekly (M T W TH F) on this day: _____
	_____	_____

Additional transfers (optional)		
<input type="checkbox"/> Deposit to Savings/Checking, sub # _____ Transfer amount: \$ _____	<input type="checkbox"/> Quarterly on this date: _____	<input type="checkbox"/> Semimonthly on these two dates: _____
	<input type="checkbox"/> Monthly on this date: _____	_____
	<input type="checkbox"/> Biweekly (M T W TH F) on this day: _____	<input type="checkbox"/> Weekly (M T W TH F) on this day: _____
<input type="checkbox"/> Payment to Loan # _____ Transfer amount: \$ _____	<input type="checkbox"/> Monthly on this date: _____	<input type="checkbox"/> Semimonthly on these two dates: _____
	<input type="checkbox"/> Biweekly (M T W TH F) on this day: _____	<input type="checkbox"/> Weekly (M T W TH F) on this day: _____
	_____	_____

Please note: Transfers to loans are stopped automatically when a loan has been paid in full.

I hereby authorize School Employees Credit Union of Washington (the credit union) to withdraw funds, and make corrections if necessary, for the transfers to my account(s) indicated above. If the funds are unavailable, it will be my responsibility to arrange payment. If the funds are unavailable for three (3) consecutive transfers, the credit union may cancel the above agreement. When the transaction date falls on a weekend or holiday, the transaction will be made the following business day. My monthly statement will serve as my receipt. This authorization will remain in full force and effect until a loan is paid in full or until the credit union has received a written cancellation request from me in such time and manner as to afford the credit union and the other financial institution a reasonable opportunity to act on it.

5 Signature _____ Daytime Phone (_____) _____ Date _____

6 **After filling out this form, return it to:** School Employees Credit Union, P.O. Box 576, Seattle, WA, 98111-0576 **OR** via fax at (206) 676-3690. *Please allow five business days for processing of your request.*

If you have questions, please call us weekdays from 7:30 a.m. to 5:30 p.m. at 1-888-628-4010 or e-mail us at accounts@secuwa.org.