

# AGREEMENT FOR PRE-AUTHORIZED PAYMENT (ACH)

Member Name \_\_\_\_\_

Member No. \_\_\_\_\_ Daytime Phone # (\_\_\_\_\_) \_\_\_\_\_  Work  Home  Cell

E-mail Address \_\_\_\_\_

I hereby authorize San Francisco Federal Credit Union to initiate debit entries to the Financial Institution listed below, and if necessary initiate credit entries or adjustments to correct a debit entry originated in error. I understand I must allow at least 30 days for this ACH request to become effective.

Transfer Amount \$ \_\_\_\_\_ START DATE \_\_\_\_\_ END DATE \_\_\_\_\_ or  End Payments Automatically After  
(must be fixed amount) (must be 30 days or more from today) Loan is Paid Off (final payment may be lower)

Transfer frequency (check one)

- Weekly  Biweekly  Semi-monthly (14th & 28th)  Semi-monthly (15th & End of Month)  
 Monthly on \_\_\_\_\_ day of month  Monthly at end of the month  One time only

**PLEASE ATTACH A VOIDED PERSONAL CHECK  
FROM THE OTHER FINANCIAL INSTITUTION IF AVAILABLE**

## TRANSFER FUNDS FROM:

### CHECKING ACCOUNT INFORMATION AT THE OTHER FINANCIAL INSTITUTION\*

San Francisco Federal Credit Union is not responsible for errors given to us regarding account information.

Authorized Account Signer(s) \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

ABA or Routing & Transit Number \_\_\_\_\_ Account Number \_\_\_\_\_

## TRANSFER FUNDS TO:

### SAN FRANCISCO FEDERAL CREDIT UNION ACCOUNT INFORMATION

1. Member Number \_\_\_\_\_ Account Type \_\_\_\_\_ Amount \$ \_\_\_\_\_

2. Member Number \_\_\_\_\_ Account Type \_\_\_\_\_ Amount \$ \_\_\_\_\_

3. Member Number \_\_\_\_\_ Account Type \_\_\_\_\_ Amount \$ \_\_\_\_\_

Remaining fund transfers will be deposited into your S1 (Regular Share - Savings Account) after the loan is paid off.

My instructions will be valid until I or a third party payee or payor give the Credit Union written notice to discontinue the ACH transfer. I agree to indemnify and hold the Credit Union harmless from following my written instructions in a reasonable manner. Credit Union documentation of my ACH transfers will appear only on my monthly statement.

Payments Out Of My Account: As long as the Credit Union accurately follows my written instructions, the credit union is not responsible for any payment errors, late payments, or other failure to meet my payments obligations to others.

I will have funds available in my account to make the payment at least three business days before the scheduled payment date. Failure to have available funds will result in a fee (see the Credit Union fee schedule), and my repeated failure to have available funds will allow the Credit Union to terminate my ACH payments. Payees must notify me in advance of changes in amounts of ACH payments (unless I waive this right). To stop payment on an ACH transfer, I must notify the Credit Union three business days before the scheduled payment date. If the credit union receives my notice in time and does not stop my payment, the credit union will be liable for my direct losses or damages, no more than the amount of the payment. Unless I timely submit a stop payment order on an ACH transfer, I will resolve any dispute I have directly with the third party payee.

Payments to My Account: The Credit Union can deduct funds from my account upon the valid written instructions of a payor to correct errors (for example, to reverse an erroneous double deposit). I will immediately restore any amount by which my Credit Union account is overdrawn as a result of an error correction. I will resolve any claims I may have regarding error correction directly with the payer.

The terms in the "Terms Applicable to All EFTs" in my San Francisco Federal Credit Union Member Account Handbook also apply to ACH transfers and are incorporated into this form by reference. If I need a copy of the Member Account Handbook I will request it when I submit this form; otherwise I acknowledge that I have received the Handbook. My signature or electronic submission of this form acknowledges my receipt of a copy of this form and my consent to its terms.

- NEW  CANCEL  
 CHANGE TRANSFER AMOUNT

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail to address below, Attn: Electronic Processing Center



FOR CU ONLY:  
Date Rec'd \_\_\_\_\_  
Prepared by Oper # \_\_\_\_\_