ACH Authorization for Transfers of Funds From Another Financial Institution to My Savings/Checking Account with Power Financial Credit Union

Please Use a Separate Form for Each Request

MEMBERS NAME _____Power Financial Acct.#_____

I(we) hereby authorize Power Financial CU to initiate entries from my account at the financial institution listed below, and if necessary, initiate/honor adjustments for any transactions transferred in error. I(we) acknowledge that the origination of these ACH transactions must comply with the provisions of U.S. law.

I(we) acknowledge and agree that if a transfer is returned/rejected for any reason, a return fee will be collected from my account at the financial institution listed below or from the member account number listed above. The transfer will be reprocessed one time as soon as practical. I realize my institution may also charge me fees if there are insufficient funds in my account when you attempt a transfer. I(we) understand that Power Financial CU reserves the right to terminate this authorization at any time.

I(we) acknowledge that if the date of the transfer falls on a non-business day, then the entry will be initiated on the next business day (weekends and holidays are not considered business days). Power Financial CU observes the Federal Reserve Bank holiday schedule.

____ NEW request ___ Change to Existing Request ____ Termination Request

In the amount of: $_____ Frequency: ___ one time ___ monthly
___ bi-weekly ___semi-monthly
weekly ___

From: Financial Institution Name: _____
Financial Institution Address: _____
_____

Financial Institution Routing Number: _____

(Please make sure you enter your account number exactly as you wish it sent to your other Financial Institution)

Account Number _____ ____ Checking ____ Savings
27 37

Name on account if not Member's Name Listed Above _____

PLEASE ATTACH A VOIDED CHECK with this request if designating a checking account. If this is a paperless checking account please submit a printed screen from your bank giving the correct Routing and Account number for ACH.

To: My ____ Checking ____ Primary Savings ___other_____
enter suffix or account name

Beginning: _____ (I have allowed at least 10 business days). I acknowledge that a pre-note for the first entry will be generated to the Financial Institution listed above. I acknowledge that the transfer will generally be submitted 1 business day prior to the date listed above and funds will be on hold until the CU has final credit.

This authorization will remain in effect until I notify Power Financial CU in writing to terminate it in such time as to afford Power Financial CU a reasonable opportunity to act, generally no less than 10 business days prior to the next transfer.

FEE: $25.00

_____ _____ _____ _____
Signature of Member Printed Name Daytime Phone # Date

_____ _____ _____
Signature of Financial Institution Account Owner if not CU member signing above-Please attach a copy of Driver License Printed Name Date

Completed by:_____ on _____ Teller Initials _____