

**Independent Federal Credit Union (IFCU)**  
 Authorization Agreement for  
**ACH Debit FROM another Financial Institution**

(Attach a deposit slip or voided check from Financial Institution if available)

I, \_\_\_\_\_, an authorized accountholder on the below referenced accounts, hereby authorize **Independent Federal Credit Union** to initiate the following debit entries from the account(s) indicated below from the depository financial institution named below, hereafter called FINANCIAL INSTITUTION, and debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply under the rules of the National Automated Clearing House Association (NACHA) and with the provisions of U.S. law. Further, I understand this Agreement supplements the other terms, conditions and related disclosures associated with my account at IFCU, which I have previously received and agreed to.

Authorization will require funds to be available in the account prior to origination to allow reasonable time for processing on the requested date. Entries returned due to non-sufficient funds or paid using any available Courtesy Pay limits may be charged a fee, as set forth in IFCU's Fee Schedule. This authorization will remain in full force and effect until **IFCU** has received written signed authorization of its termination at least three (3) days prior to the proposed effective date of the termination and in such time and manner as to afford **IFCU** and the named **FINANCIAL INSTITUTION** a reasonable opportunity to act upon it; or should funds be applied directly to a loan – at which time this loan has been paid in full. IFCU reserves the right to revoke this Agreement.

<b>FROM:</b>	FINANCIAL INSTITUTION		
	ADDRESS		
	CITY, STATE, ZIP		
	ROUTING NUMBER		
	FROM ACCT NUMBER	<i>Please check appropriate box</i>	
		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
<b>Print, Complete &amp; Mail TO:</b>			
	INDEPENDENT FEDERAL CREDIT UNION		
	Attention: I.S. Department		
	ADDRESS		
	CITY, STATE, ZIP		
	3737 S SCATTERFIELD ROAD, ANDERSON, IN 46013-2120		
	ROUTING NUMBER	TO IFCU ACCT NUMBER	
	<b>2749 7257 9</b>		
<i>Check appropriate box or</i>	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
<i>Check appropriate box if Debit is for a loan pmt</i>	<input type="checkbox"/> Mortgage with Escrow Account	<input type="checkbox"/> Mortgage	<input type="checkbox"/> HELOC <input type="checkbox"/> Other Loan
Effective Date of First Debit		Total Debit Amount:	
Frequency of Debit	<input type="checkbox"/> One Time Debit	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
<b>Note: If Mortgage has an escrow, the ACH Debit is first deposited in savings account and transferred to Mortgage. If document is mailed, please allow 30 days prior to the effective date to allow time for processing.</b>			

IFCU may send a Pre-notification to the designated FINANCIAL INSTITUTION to test process.

**DISCLAIMER:** IFCU will make every effort to process, transmit or settle entries in a timely manner and in accordance with NACHA operating rules. From time to time, IFCU may need to temporarily suspend processing of a transaction, which might result in delayed settlement and/or availability of entries. IFCU shall be liable only for its gross negligence or willful misconduct in performing these services. IFCU will not be liable, for instance, if: (1) Your account has insufficient funds to complete the transfer; (2) The funds are subject to legal processes or other encumbrances restricting such transfer; (3) Such transfer would exceed an established credit limit; or (4) Circumstances beyond our control (such as flood, fire, computer breakdown) prevent the transfer, despite reasonable precautions IFCU have taken.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 SSN/TIN \_\_\_\_\_ Phone Number \_\_\_\_\_  Home  Cell

**FOR CREDIT UNION USE ONLY:** \_\_\_\_\_ OFAC List Checked (Sender and Receiver)

Authorization Taken by \_\_\_\_\_ Date & Time \_\_\_\_\_  
 ALLOYA-Entered By \_\_\_\_\_ Date & Time \_\_\_\_\_  
 ALLOYA-Approved By \_\_\_\_\_ Date & Time \_\_\_\_\_