



Authorization Agreement for ACH Debits/Credits
 (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 (IFCU)** to initiate the following debit or credit entries to my account(s) indicated below at the depository financial institution named below, hereafter called **FINANCIAL INSTITUTION**, and debit or credit 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 authorization of its termination 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.

ACH DEBIT AUTHORIZATION (transfers FROM other institutions to IFCU)			
FINANCIAL INSTITUTION:			
Financial Institution Name _____			
City/State/Zip _____		Routing Number _____	
Account Number _____	Type of Account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
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
IFCU:			
Account Number _____	Type of Account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings <input type="checkbox"/> Loan
If funds are applied directly to a loan, should the payment change, I authorize IFCU to adjust the amount of the debit to reflect the current loan payment.			

ACH CREDIT AUTHORIZATION (transfers TO other institutions from IFCU)			
FINANCIAL INSTITUTION:			
Financial Institution Name _____			
City/State/Zip _____		Routing Number _____	
Accountholder Name _____			
Account Number _____	Type of Account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings <input type="checkbox"/> Loan
Effective Date of First Credit* _____	Total Credit Amount \$ _____		
Frequency of Credit:	<input type="checkbox"/> One Time Debit	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
IFCU:			
Account Number _____	Type of Account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings

*IFCU requires sending Pre-notifications to the designated **FINANCIAL INSTITUTION**.

Therefore, the effective date should be at least 10 days prior to the first transaction.

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. We will not be liable, for instance, if:

- Your account has insufficient funds to complete the transfer;
- The funds are subject to legal processes or other encumbrances restricting such transfer;
- Such transfer would exceed an established credit limit; or
- Circumstances beyond our control (such as flood, fire, computer breakdown) prevent the transfer, despite reasonable precautions we have taken.

Printed Name _____

Signature _____

Date _____

SSN/TIN _____

Phone Number _____

FOR CREDIT UNION USE ONLY:

OFAC List Checked (Sender and Receiver)

Authorization Taken by _____

Date & Time _____

Completed by _____

Date & Time _____