SUMMIT RIDGE CREDIT UNION

Phone: 816-272-6160   Fax: 816-272-6266   E-mail: info@mysrcu.com

Authorization for ACH/Automatic Preauthorized Payments

I authorize Summit Ridge Credit Union to originate ACH credits or debits such as deposits, withdrawals, loan payments, etc. on my account. Complete the information below and fax this form to 816-272-6266. ACH transactions must comply with the provisions of U.S. law. Call 816-272-6160 if you have questions.

- **Deposit to Financial Institution:** _____

     Type of Account (Circle one): Savings, Checking, Stash, Loan

- **Withdrawal from Financial Institution:** _____

     Type of Account (Circle one): Savings, Checking, Stash, Loan

- **Frequency (Circle one): One time only, monthly, semi-monthly, weekly, bi-weekly**
- **On demand via Online Member Access and Mobile App**

- **ABA/Routing#** __ __ __ __ __ __ __ __ __   **Account#** _____

- **Account Name(s):** _____

- **Amount: $_____ Description(optional):_____**

     - **Effective date that transaction is to occur:** _____(Date must be M-F business date.)

If this is a recurring ACH, authorization will remain in effect until Summit Ridge Credit Union receives a <u>written notification</u> that the ACH is revoked or changed.

<mark>************Please allow 3 days for the credit union to act on any ACH change************</mark>

SRCU Account Name(s):_____SRCU Acct#: _____

Signature(s):_____Date of Request:_____

This section to be completed by SRCU Staff:

Signature/Call back verification completed: _____

TC#_____ SI-TC_____ Date Entered_____ Initials_____

Account#:_____Type   00, 70, 02, 03, 04, 76   Loan#:_____ (Revised 12/19/23)