



ACH Origination Authorization Agreement Incoming and Outgoing

Authorization Agreement for Preauthorized Deposits, Loan Payments or Withdrawals

Please read and sign below if you are in agreement with the following statements:

I hereby authorize Tongass Federal Credit Union (TFCU) to initiate the ACH Origination between my account at TFCU and the financial institution listed below. I am the owner of each of the accounts listed below and can authorize transactions with the accounts. In the event that TFCU deposits or withdraws funds erroneously into or out of my account, I authorize TFCU to reverse the transaction on my account for an amount not to exceed the original amount of the erroneous debit or credit.

In the event that funds are not available to debit (withdraw) from my account at the time my ACH transaction is to settle, the item will be returned as non-sufficient-funds (NSF). I understand that after **two** NSF ACH items, TFCU may, at its discretion, cancel the ACH item. I agree to pay any applicable fees for this service as disclosed in the Fee Schedule.

This authorization will be processed as requested below until revoked by the member in writing, **at least seven days prior** to the next authorized transaction date. I acknowledge that the origination of ACH transactions must comply with the provisions of U.S. Law and the National Automated Clearing House Association (NACHA) rules.

Complete the entire form. Please print

Select One: ACH Origination – Incoming ACH Origination – Outgoing

Select One: NEW CANCEL CANCEL and Replace, please cancel my current ACH in the amount of \$_____ and replace it with the ACH listed below. Initial _____

Tongass Federal Credit Union cannot make payments directly to a credit card account.

Tongass Federal Credit Union Member Information

Member Name:	Member Number:	Account Type: Checking _____ Savings _____ Loan _____
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Financial Institution Information

Institution Name:	Routing Number:	Account Number :
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Account Holder Name: _____ Account Type: Checking _____ Savings _____ Loan _____

Fixed Amount:	Frequency: One time or Monthly	Transfer Date (day of month):	Start Date:
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If this date falls on a Saturday, Sunday, or holiday, then the transfer will automatically be made on the following business day.

Tongass Federal Credit Union requires a **minimum (2) two day notice** to process requests and will make every effort to complete this transfer unless circumstances beyond our control prevent the transfer, despite reasonable precautions that we have taken. All terms and conditions of your account agreement apply to this agreement.

Member Signature _____ Date _____

Credit Union Use Teller Initials/ Date: _____ Entered By / Date: _____