State Farm FCU - ACH AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

ORIGINATING ACH (Automated Clearing House) Electronic Payments

☐ **New ACH** ☐ **Change Existing ACH** ☐ **Delete Existing ACH**

EXTERNAL FINANCIAL INSTITUTION INFORMATION

I (we) hereby authorize State Farm Federal Credit Union to initiate the following:

☐ **Debit (withdrawal)** ***or*** ☐ **Credit (deposit/loan payment)**

☐ **Checking Account** ☐ **Savings Account** ☐ **Loan Account**

at the financial institution named below. I (we) also authorize the above-named credit union to initiate, if necessary, a debit or credit entry to correct or adjust any entry made to my (our) account in error. I (we) understand that Federal Regulations limit the number of debits to 6 per month per sub account and the Credit Union will not initiate any entries that violate the laws of the United States. *Exception: You may now have unlimited debits from an S6 account.*

_____ _____ _____

Name of External Financial Institution **City** **State**

_____ _____

Financial Institution Routing # ☐**Checking Acct. #** ***or*** ☐**Savings Acct. #** ***or*** ☐ **Loan Acct. #**

_____ _____

Account Holder Name (*please print)* **Joint Account Holder Name** *(please print)*

CREDIT UNION INFORMATION

Credit Union Member # _____ ☐ **Account # S**_____ ***or*** ☐ **Loan # L**_____

☐ **Debit (withdrawal)** ***or*** ☐ **Credit (deposit/loan payment)** **Amount $**_____

Frequency: *(select one)* ☐ **Weekly** ☐ **Bi-weekly** ☐ **Semi-monthly (14th & 28th)** ☐ **Semi-monthly (15th & Last)**

☐ **Monthly** ☐ **Last day of the month** ☐ **Quarterly** ☐ **Semi-annually** ☐ **Annually**

Process on the _____ **day of the month and begin on** _____/_____/_____
MM/DD/YY

If the posting date falls on a weekend or holiday, I understand my account will be debited on the following business day. This authority will remain in effect until I (we) notify, in person or in writing, State Farm Federal Credit Union to cancel the authorization in such time as to afford said credit union a reasonable opportunity to act on it. I (we) have been given a copy of this authorization for my (our) records.

_____ _____

Member Signature **Date**

Please attach a voided check to this authorization agreement if we are sending funds to or receiving funds from a checking account.

FOR CREDIT UNION USE ONLY:

To be completed by Member's branch: Branch #_____ Reviewed/Verified By _____

To be completed by ACH branch: Authorization Number_____ Entered By_____ Entry Date_____

Effective _____ OFAC Check Completed on 3rd Party By_____

Revised 7-15-11