smart financial CREDIT UNION

MEMBERSHIP EQUALS FREEDOM ™

Recurring ACH Authorization
From an External Account to an SFCU Deposit Account

I, _____ (*print name*), authorize Smart Financial Credit Union to start, change or stop/delete debiting/transferring from the External 'Account Number' to the 'Transfer TO Account #' account as stated below.

☐ **Start** ☐ **Change** ☐ **Stop/Delete on:** _____ *Final Disbursement Date (72 hours notice)*

Amount: $ _____

Beginning on: _____(*exact date the first/next ACH debit/transfer should take place)*

Frequency/Recurrence: ☐ Monthly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Weekly

Transfer FROM: External Account - *(from another Financial Institution)* Complete the below required information:

External Account Type (Checking or Savings): _____

Name on Acct: _____

Bank Name: _____ Account Number: _____

Bank Routing #: _____ Bank City/State:_____

Transfer TO Account #:_____ *(SFCU CHECKING OR SAVINGS ONLY)*

I UNDERSTAND I HAVE THE RIGHT TO CANCEL THIS ACH ARRANGEMENT THROUGH WRITTEN NOTICE TO THE CREDIT UNION.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Smart Financial Credit Union in writing of any changes in my account information or termination of this authorization at least 72 hours in advance of the next ACH debit/transfer transaction. If the transaction date falls on a weekend or holiday, I understand that the deposit to my SFCU deposit account may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the transaction date.

In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF) or any other reason, I understand that Smart Financial Credit Union may charge a $30.00 ACH return origination fee. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

By signing below, I confirm that all of the above information is correct. I understand that any incorrect information could result in delayed processing and non-refundable fees. I release Smart Financial Credit Union from any liability in the event this transaction does not occur.

_____ _____

Signature of Member Date Home, Work or Mobile Phone Numbers

SFCU Staff Only				
DATE	ORIGINATING EMPLOYEE	EXTENSION	AUTOMATED SERVICES	DATE RECEIVED / KEYED

External Transfer Instructions
Type: ☒ Scheduled Transaction Type: ☒ External Withdrawal