



AUTHORIZATION FOR AGREEMENT FOR ACH TRANSACTIONS

I hereby authorize Intrepid Credit Union to initiate debit/credit entries to my (our) account(s) as indicated below, and the financial institution named below, to debit/credit the same to such account. I agree to have available funds in my (our) account on the designated date to affect this transfer. I agree to pay any applicable fees for this service as disclosed in the Fee Schedule. This authorization shall remain in effect until I (or joint owner) notify Intrepid Credit Union in writing at least one week prior to the next settlement date. I acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law and NACHA Rules.

Funds Credited To:

_____	_____
Name on Account	Account Number
_____	_____
Institution Name	Institution Routing Number
Check Account Type to Credit: <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Loan	

Funds Debited From:

_____	_____
Name on Account	Account Number
_____	_____
Institution Name	Institution Routing Number
Check Account Type to Debit: <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Loan	

Amount of Transaction: \$ _____

Commencing Date: _____ **Must be at least 10 days from today. If this date falls on a weekend or Federal holiday, this transfer will automatically be made on the following business day.

Frequency Weekly Bi-Weekly Semi-Monthly Monthly
(Check One)
Date 1: _____
Date 2: _____

I hereby acknowledge that the account information that I have given above is true and correct and will hold Intrepid Credit Union harmless for any errors that I may have made.

_____	_____	_____
Member Name	Signature	Date
_____	_____	_____
Staff Accepting Application	User Number	Date