

AUTHORIZATION TO CHANGE AGREEMENT FOR ACH ORIGINATIONS

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.

Name on Account

Member Number

Account Type

Please change	the	following	finanical	institution to:
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Name o	on Account	Institution Name			
Financi	al Institution Rou	Account Number			
Check /	Check Account Type to Credit:			□ Checking	
	ge the amount e amount of trans	-	-		
	ge payment da t e payment date f	•	-		
Please chan	ge the frequend	cy of my curren	t ACH originat	ion:	
Freque (Check Or	ency: 🗆 Week	kly □ Bi-Wee	Reque	i-Monthly ested dates: &	□ Monthly
	cknowledge that the a credit Union harmless f			e is true and correc	t and will hold:
Member Nar	me	Signature		Date	
intrepidcu	u.org	PO Box 159 Hele	na, MT 59624	406	-443-5400

ATTACH CHECK COP