



SUMMIT RIDGE CREDIT UNION

Authorization for ACH/Automatic Preauthorized Payments

I authorize Summit Ridge Credit Union to originate ACH credits or debits such as deposits, withdrawals, loan payments, etc. on my account. Complete the information below and fax this form to 816-272-6266. ACH transactions must comply with the provisions of U.S. law. Call 816-272-6160 if you have questions.

- Debit/Deposit to Financial Institution: _____
Type of Account (Circle one): Savings, Checking, Stash, Loan
- Credit/Withdrawal from Financial Institution: _____
Type of Account (Circle one): Savings, Checking, Stash, Loan
- Frequency (Circle one):
One time only, monthly, semi-monthly, weekly, bi-weekly, on demand
- ABA/Routing# _____ Account# _____
- Account Name(s): _____
- Amount: \$ _____ Description(optional): _____
- Effective date that transaction is to occur: _____
(Date must be M-F business date.)

If this is a recurring ACH, authorization will remain in effect until Summit Ridge Credit Union receives written notification that the ACH be revoked or changed. Please allow reasonable time for the credit union to act on changes.

SRCU Account Name(s): _____ SS#: _____

Signature(s): _____ Date of Request: _____

For your information:

If we are receiving an ACH Debit/Credit Request from an employer or another financial institution, they will need our Routing # 301080790 and your account number in one of the following formats.

Savings XXXX-XX00 Checking XXXX-XX70 Stash XXXX-XX02
Loans XXXX-XX00XX (the last 2 digits are for the Seg/Loan #)

We can print your ACH Account Setup receipt.

This section to be completed by SRCU Staff:

Signature/Call back verification completed: _____

TC# _____ SI-TC _____ Date Entered _____ Initials _____

Account#: _____ Type 00, 70, 02, 03, 04 Loan#: _____