



Institution to Institution Transfer Authorization for ACH Transactions

AUTHORIZATION AGREEMENT FOR ACH TRANSACTIONS

I (We) herby authorize Riverbank Federal Credit Union to initiate debit/credit entries to my (our) account(s) as indicated below and the financial institution name below, hereinafter called Financial Institution, to debit/credit the same to such account. I (We) agree to have applicable funds in my (our) account on the designated date to effect this transfer. I (We) agree to pay any applicable fees for this service as disclosed in the Fee Schedule. This authority will remain in effect until I (or either of us) notify the bank in writing at least one week prior to the next settlement date. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law. I (We) agree that if my (our) loan is paid off, I (we) authorize to cancel this transaction. If this form is utilized for a Mortgage, I (we) agree to allow Riverbank Federal Credit Union to adjust the transfer dollar amount accordingly to coincide with escrow increases/decreases.

Financial Institution Name _____

Address/City/State/Zip _____

Type of Account: Checking _____ Savings _____ Routing Number _____ Account Number _____

Type of Transaction: Debit _____ Credit _____ Loan _____ Amount: \$ _____

Frequency of Transfer _____ Date/Day of Transfer _____

If this date falls on a Saturday, Sunday, or bank holiday, this transfer will automatically be made on the following business day.

Debit _____ Credit _____ Type of Account: Checking _____ Savings _____ Loan _____

Account Number with Credit Union _____

Riverbank Federal Credit Union will make every effort to complete this transfer unless circumstances beyond our control prevent the transfer, despite reasonable precautions that we have taken. All terms and conditions of your account apply to this agreement.

Member Name _____

Signature _____

Individual ID Number _____

Date _____

Member Name- If Applicable _____

Signature _____

Individual ID Number _____

Date _____

I hereby authorize Riverbank Federal Credit Union to cancel the above described automatic entry effective _____.

Signature _____

CU USE ONLY

RECEIVED BY: _____ (TELLER #)
DATE: _____

ACH SET UP BY: _____ (TELLER #)
DATE: _____

VERIFIED/SCANNED BY: _____ (TELLER #)
DATE: _____