



Post Office Box 3003
 Los Alamitos, CA 90720-1303
 (800) 426-1917

Southland Credit Union Authorization Agreement for Automated Transfer Services

I (we) hereby authorize Southland Credit Union (SCU) to initiate, change* or cancel** (elect one) withdrawal entries as shown below to my (our) checking account at the depository named below, hereafter called Depository.

DEPOSITORY INSTITUTION INFORMATION

Initiate/Change from/Cancel Section

Checking or Savings

Institution: _____ Routing Number: _____

Name on Account: _____ Account number: _____

Recurring Withdrawal & Transfer Amt: \$ _____ Starting Date: _____

Transfer Options (select one): Weekly (specify day of the week): _____ Bi-weekly (starting date): _____

Monthly (select day of month): _____

Semi-monthly (select days of month): _____ and _____

Note: Voided Check is Required for Checking Account (or Account statement for Savings Account)

DEPOSITORY INSTITUTION INFORMATION

Change To Section. Complete this section for changes only

Checking or Savings

Institution: _____ Routing Number: _____

Name on Account: _____ Account number: _____

Recurring Withdrawal & Transfer Amt: \$ _____ Starting Date: _____

Transfer Options (select one): Weekly (specify day of the week): _____ Bi-weekly (starting date): _____

Monthly (select day of month): _____

Semi-monthly (select days of month): _____ and _____

Note: Voided Check is Required for Checking Account (or Account statement for Savings Account)

SCU MEMBER INFORMATION

TRANSFER TO SCU ACCOUNT NUMBER: _____ **SHARE ID#** _____ **LOAN ID#** _____

The authorization to SCU or subsequent holder to initiate debit entries (and/or corrections to the previous entries) to the account indicated above remains in effect until SCU has received written notification of change or cancellation from me (or either of us) in such time and in such manner as to afford SCU a reasonable opportunity to act on it. **I (we) agree to the following terms and conditions.**

- I (we) understand that recurring transfers which may fall on a weekend or Holidays may be delayed one or two days.
- I (we) understand that is my (our) responsibility to change the amount of this transfer if needed. This requires the completion of a new transfer agreement by me (us).
- I (we) understand that SCU reserves the right to cancel this agreement and terminate this transfer, with or without cause.
- I (we) understand and agree that SCU shall not be responsible for any act or failure to act on their part, except in the case of gross negligence or willful misconduct. Furthermore, I (we) agree to hold SCU harmless for any claims, liabilities, attorney's fees, and other costs and expenses of any and every kind and nature which I (we) may incur as a result of SCU performance under this authorization agreement.
- I (we) understand and agree that the Operating Rules of the National Automated Clearing House Association (NACHA) shall apply.

***Note: This form will supersede all previous authorizations for this request. **To assure your request is processed on time, this form must be received no later than 3 business days prior to the requested setup or cancellation date.**

 Member's Name (Please Print)

 Member's Signature

 Date

Please complete and sign this form and return to:

Attn: Account Services Dept. FAX: (866) 496-5134 or EMAIL: account_services@SouthlandCU.org

Teller #: _____