



Prearranged Payment/Deposit Authorization

I/We hereby authorize Southwest Colorado Federal Credit Union to initiate credit and debit entries to my/our accounts at the financial institution(s) indicated below. I/We acknowledge that the origination of ACH transactions to my/our accounts must comply with the ACH Rules and provisions of U.S. Law.

Payment Information:

Starting Date:

Ending Date:

Dollar Amount: \$

Frequency: One Time or
Monthly on the ____ of each month

Credit Account Information:

Account Name: _____

Address/City/State/Zip: _____

Financial Institution Name: _____

Routing #: _____ Account#: _____

Account Type: Checking Savings Loan

Signature(s) _____

Debit Account Information:

Account Name: _____

Address/City/State/Zip: _____

Financial Institution Name: _____

Routing #: _____ Account#: _____

Account Type: Checking Savings Loan

Signature(s) _____

Phone Number _____

If another financial institution is receiving (credit) these funds, the funds will be withdrawn from your account a day prior to the date noted on this form. If another financial institution is sending (debit) these funds to your account, the funds will be sent a day later than noted on this form.

This authority is to remain in full force and effect until Southwest Colorado Federal Credit Union has received written notification from me (or either of us) of its termination in such time and manner as to afford Southwest Colorado Federal Credit Union a reasonable opportunity to act on it (at least 4 days prior to transaction date).

****Please provide a copy of voided check(s)****