

# Jafari No-Interest Credit Union

## ACH AUTHORIZATION FORM

I hereby authorize **Jafari No-Interest Credit Union**, hereinafter called CU, to initiate debit and credit entries to my account in the named INSTITUTION below, and I authorize the INSTITUTION to accept and debit / credit the amount of such entries to my account. I acknowledge that the origination of the ACH transactions to or from my account must comply with the provisions of U.S. law.

<b>INSTITUTION (Bank or Credit Union Name)</b>		
<b>Routing</b>	<b>Account Number</b>	<input type="checkbox"/> Checking
		<input type="checkbox"/> Savings

CU Member Number	
One-time Payment Amount \$	
<b>Recurring</b> Monthly Payment Amount \$	
Purpose of Recurring Payment	Deposit funds into CU Account
Start date - <b>required</b> for Monthly Payment	
End Date (or enter <i>No End Date</i> )	
<b>ACH On Demand</b> I / We authorize the CU to transfer funds at my/our request	a. from the CU to the INSTITUTION – enter initials if applicable: _____  b. from the INSTITUTION to the CU – enter initials if applicable: _____

This authorization is to remain in full force and effect until CU has received written notification from me of its termination in such time and such manner as to afford CU and INSTITUTION a reasonable opportunity to act on it. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that CU may at its discretion attempt to process the charge again within 30 days. Also, I agree to pay the CU fees for any ACH Transaction errors such as NSF, Account Closed, etc.

\_\_\_\_\_  
Account Holder's Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note:** The CU will require verification of your INSTITUTION account for transfers from your CU account to the INSTITUTION account.

