



## ACH Authorization Agreement

I (we) hereby authorize the Southeastern Credit Union Foundation (SECUF) to initiate credit or debit entries under certain agreements/contracts between SECUF and the entity name below, and to initiate, if necessary, adjustments for any debit or credit entries in error to our account indicated below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This authorization will remain in effect until SECUF has received written notification of its change or termination from an authorized signer of the entity name below. I (we) understand that SECUF requires at least five (5) business days prior notice to cancel this authorization.

### Your Financial Institution Information

Financial Institution Name: \_\_\_\_\_

Routing #: \_\_\_\_\_

Type of Account:

Checking Account Number: \_\_\_\_\_

Savings Account Number: \_\_\_\_\_

### Your Entity/Organization Information

Account Holder Name: \_\_\_\_\_

Account Holder Address (as listed on Account): \_\_\_\_\_

Email Addresses: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signer Signature

\_\_\_\_\_  
Date