



DIRECT PAYMENT

ACH Credit/Deposit to IBM Southeast EFCU from another financial institution.

Authorization Agreement for Electronic Fund Transfer

Use of this form:

- To credit/deposit funds into your IBM Southeast EFCU account from another financial institution.
- The credit/deposit cannot exceed \$5,000; higher amounts must be processed as incoming wire transfers.

Remember:

- Cancellations or changes to this agreement must be in writing and require 5 days advance notice.
- For verification, a voided check or deposit slip from the other institution must be attached to this completed form.
- You can use this form for monthly, weekly or "one time only" transactions.
- Delivering a signed copy to the Credit Union in person, by mail or fax authorizes Direct Payments.

I hereby authorize IBM Southeast Employees' Federal Credit Union to initiate debit entries to my account at the financial institution listed below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

Financial Institution: _____ **Branch:** _____

City: _____ **State:** _____ **Zip Code:** _____

Routing Number: _____ **Account Number:** _____

Type of Account (Please check one): _____ **Checking** _____ **Money Market** _____ **Savings** _____

Please attach a voided check or deposit slip from the other financial institution to this signed agreement.

Amount to Debit \$: _____ **Date to Debit:** _____

Recurrence (Please check one): _____ **Monthly** _____ **Weekly** _____ **One Time Only** _____

Action (Please check one): _____ **Start** _____ **Skip** _____ **Change** _____ **Stop** _____

Distribute funds to IBM Southeast EFCU account #: _____

This authorization is to remain in full force and effect until IBM Southeast Employees' Federal Credit Union has received written notification from me of its termination, in such time and in such manner as to afford IBM Southeast Employees' Federal Credit Union a reasonable opportunity to act on it.

- Direct Payments scheduled on weekends or holidays will take place on the next business day. The Credit Union will not be liable for any fees or charges assessed by other financial institutions.
- The information supplied on this agreement must be accurate and current. You will be liable for any losses incurred as a result of incorrect information. Immediately notify the Credit Union in writing of any changes involving account number, frequency or amount.
- In the event funds are unavailable at the other financial institution, the Credit Union will not re-initiate the debit entry until the next scheduled transfer. It is your responsibility to make other arrangements to pay any loan that was not performed for that transfer frequency. The Credit Union is not obligated to furnish you with a notice in the event the transfer was not completed, nor is the Credit Union liable for any fees or charges assessed by other financial institutions.

Member Name: _____ **Member Number:** _____

Member Signature: _____ **Date:** _____

Daytime Phone #: _____ **E-mail Address:** _____

Please send this completed form via fax to **Electronic Processing at (561) 982-4776**, or by mail to **IBM Southeast EFCU, P. O. Box 5090, Boca Raton, FL 33431-0890**.

For assistance, please call **(800) 873-5100** or **(561) 982-4700** or e-mail serviceplus@ibmsecu.org.

Operator Name and Number: _____ **Extension:** _____

Date and Time Received: _____ **Processed By Operator Name and Number:** _____