

ACH DEBIT-RECURRING

PRINT CLEARLY

Member's Name _____ Signature _____

Daytime Phone # _____ Alternate Phone # _____

New Authorization _____ Change of Previous Authorization _____ Termination of Original Authorization _____
(Written notification required 24 hours in advance)

Amount of ACH Debit \$ _____ SWAFCU Account # _____ Suffix _____

Date Debit to Begin _____ Frequency _____ (W= Weekly B= Biweekly M= Monthly S= Semi-Monthly)

I/we hereby authorize the CREDIT UNION to initiate debit entries to my/our account at the financial institution named below, hereafter called INSTITUTION, and to debit the same such account as specified above. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.

Debit to: ABA or Routing # _____

Name of Financial Institution _____

City _____ State _____ ZIP _____

Account # _____ Savings/Checking (circle one)

Name(s) on Account _____

ACH Account Allocation		
SWACU Account Number	Loan Type	Amount

This authorization will remain in full effect until SOUTHWEST AIRLINES FEDERAL CREDIT UNION has received written notification from an authorized signer on this account, at least 24 hours in ADVANCE of its termination in such manner as to afford SWACU a reasonable opportunity to act.

ALL DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

If your ACH origination is returned, your account will be assessed a \$30.00 ACH Return Fee. If the amount was applied to a loan payment, the payment will be reversed and you will be responsible for making other payment arrangements.

FOR CREDIT UNION USE ONLY

Received: Date _____ Time _____ Employee Initials _____

FOR FINANCE DEPT. USE ONLY

SEC Code (circle one) PPD TEL OFAC Verification _____ ABA # Verification _____ Stop Date Entered _____

Entered into ACH: Date _____ Time _____ Employee Initials _____