



Authorization Agreement for ACH Debit Transactions

** Save for the future and support community development lending**

Instructions: Use this form if you want to draft your account at another financial institution for credit to your Self-Help account.

New Change

Complete the Authorization Agreement below and make a copy of the completed form for your records. If you request that we draft from a checking account, you must attach a voided check from the account to be drafted. If you request a draft from a savings account, you must attach a pre-printed savings deposit ticket that includes the Financial Institution's ABA/Routing number and your savings account number. Failure to do so may result in the rejection of your transaction(s).

I/we authorize Self-Help Federal Credit Union (Self-Help) to initiate ACH debit transactions for credit to my Self-Help account/suffix in accordance with instructions stated below. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law. I/we understand that Self-Help is not responsible for any fees or penalties which may arise when funds are not available and an ACH debit is returned. I/we also understand that any rejected debits may be resubmitted. If any debit transactions are returned NSF, I understand that Self-Help may charge me a returned debit NSF fee of \$25.00 per returned item to my account.

Withdraw From:
 Account Number: _____
 Name on Account: _____
 Financial Institution Name: _____ ABA/Routing # _____ (9 digits)
 This is a: Checking Savings Account

Credit To:
 Self-Help Account#: _____ Suffix _____
 Amount: \$ _____
 Starting (mm/dd/yy): _____ and continuing on the _____ day of each _____ (week, month, quarter).

I certify that I am an authorized signer on the account(s) identified above and that I authorize all of the above as evidenced by my signature below. This authorization is to remain in full force and effect as stated until Self-Help has received written authorization from me (or either of us) of its termination in such time and such manner as to afford Self-Help a reasonable time to take action. Two consecutive failed payments may result in termination of this agreement.

Printed Member Name: _____
 Current Address: _____
 City: _____ State: _____ Zip Code: _____
 Daytime Phone Number: _____

Signature: _____ Date: _____

Please return completed form with attachment to:

Self-Help Credit Union, Attn: Deposit Servicing
 P.O. Box 3619, Durham, NC 27702-3619
 1-800-966-SELF or 919-956-4401