



GRIFFITH INSTITUTE EMPLOYEES FEDERAL CREDIT UNION

64 East Main Street, Suite 3
Springville, NY 14141
716-592-9887
creditunion@springvillefcu.org

ACH Agreement for Pre-Authorized Withdrawals

I (we) hereby authorize and request the **Griffith Institute Employees Federal Credit Union** to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my account indicated below and the Financial Institution named below, to debit and/or credit the same to such account.

Please print this form and complete all information. Scan or email the signed form to creditunion@springvillefcu.org or mail it to:

Griffith Institute Employees Federal Credit Union
64 East Main Street, Suite 3
Springville, NY 14141

Start Stop Change

Name on the Account: _____

Member Name: _____

Bank/Financial Institution Name: _____

City, State, Zip: _____

**Transit/ABA No: _____

**Account No: _____

**include a voided check or a deposit slip as proof of routing number and account number

Amount of Transaction: _____ Account Type: Checking Savings

Frequency: Weekly Monthly Bi-Weekly Beginning: _____

The undersigned hereby acknowledges that he/she has read the Terms and Conditions listed below and agrees to be bound by them:

Member Name (please print): _____

Member Signature: _____ Daytime Phone: _____

Terms and Conditions

1. Your signature authorizes to the Griffith Institute Employees Federal Credit Union to make withdrawals as indicated.
2. Member's name must be on accounts at both financial institutions to process.
3. If sufficient funds are not available at the time of the transaction and a fee is incurred by the Credit Union, the member is responsible to reimburse the Credit Union for that fee.
4. The member may cancel this authorization at any time upon ten (10) days written notice to the Credit Union. Withdrawals may continue to be made after my death unless the Credit Union has received such a cancellation notice from the then owners of the account.
5. Any withdrawal to be made on a date that falls on a Saturday, Sunday or holiday will be processed after 2 p.m. on the previous business day before said date.
6. The Credit Union reserves the right to cancel this authorization at any time upon giving thirty (30) days written notice to the authorizing party at the last known address.
7. These terms and conditions may be amended at any time and from time to time by the Credit Union by mailing written notice thereof to the member and/or as permitted by applicable law.