



ACH Authorization Agreement Form

Section 1: Account information at Farmers Insurance Federal Credit Union

I (Member) hereby authorize Farmers Insurance Federal Credit Union (FIGFCU), to initiate entries to/from the Financial Institution (FI) and account number listed in Section 2 below. I acknowledge that the origination of ACH transactions to/from my account must comply with the provisions of U.S. law and policies. I also authorize adjustment entries in the event of erroneous transactions to my account.

Member Name (Originator): _____ Account Number (not member #): _____

Type of Authorization **ACH Debit** - (withdraw from another financial institution to credit account at FIGFCU)

ACH Credit – (withdraw from FIGFCU to credit account at other financial institution)

Section 2: Other Financial Institution Account Information

Accountholder Name: _____ Financial Institution Name: _____

Transaction should occur on: _____ (Please do not indicate today's date. It must be at least 5 business days in the future.)

Routing Number: _____ Account Number: _____

Account Type: Checking Savings Other _____

Section 3: Amount and Frequency

Please select one (1) only from the options below:

Dollar Amount: _____

Minimum Amount Due (*Credit card payment only*)

Last Statement Balance (*Credit card payment only*)

Please select the frequency:

Weekly Bi-weekly Monthly Yearly One-Time Other _____

**If your payment due date falls on a holiday or weekend your payment will be debited on the business day prior to the holiday or weekend.

**For processing time frame, please allow up to seven (7) business days prior to first entry for FIGFCU to complete your request.

PLEASE ATTACH COPY OF A VOIDED CHECK

If a voided check is not available, please attach a micro encoded deposit slip or bank statement that includes full bank name, full account name, and full account number or a letter on an official letterhead from the other financial institution or any other official document used to verify your account. If it's a business check, please provide document showing proof that you are an authorized signer on the account.

This authorization is to remain in full force and effect until written or verbal notification of its termination is given in such time and in such manner as to afford FIGFCU a reasonable opportunity to act on it. Please ensure the form is filled out in its entirety to ensure accuracy. The Credit Union is not liable for any information that is entered erroneously. By signing below, I (Member) acknowledge that this authorization does not violate the laws of the United States or NACHA Rules.

Signature of Member (Originator/ Receiver of Entry) _____ Date _____

Please fax the completed form or revocation to ePayments Department at (323) 209-6306, or email it to ach@figfcu.org. If you are unable to fax, email, or return the form to a branch, you may mail your signed, completed form to FIGFCU at the following address:

Farmers Insurance Federal Credit Union, Attn: ePayments Department, 2255 N. Ontario Street Suite 320 Burbank, CA 91504