

ACH Debit Authorization Agreement For Direct Payments

Debit - Other Financial Institution

Credit - SnoCope Credit Union

Complete this form if you want us to **debit** your account at another institution. (You must be an account-holder on the account being debited.) To ensure your request will not be delayed, please remember to attach a pre-printed document from the financial institution being debited listing all of the account holders and account number. The following will be accepted: voided check, deposit slip, or verification letter.

New Authorization (One Time Recurring) **Change Authorization** (Bank Frequency Amount) **Cancel Authorization**

Debit Instructions Attach a Voided Check

Please debit my account at the Financial Institution listed below:

FINANCIAL INSTITUTION NAME		AMOUNT TO DEBIT	
ROUTING NUMBER (see sample below)		ACCOUNT NUMBER (see example below)	
		Account Type	
		Savings	
		Checking	
LIST NAME(S) OF ACCOUNT HOLDER(S)		ACH DATE (MM/DD/YY)	
		Begin:	
		Cancel:	

Frequency of Debit

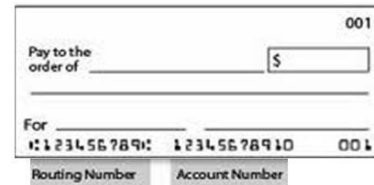
Day of month

Credit Instructions

Please credit my SnoCope account number:

Fill In Account ID:	Savings: <input type="text"/>	Checking: <input type="text"/>	Loan: <input type="text"/>
LIST NAME(S) OF ACCOUNT HOLDER(S)			

Please Attach a Voided Check for the account being debited



Authorization

You hereby authorize and request SnoCope to debit funds from your account at the Financial Institution indicated, and credit the funds according to the above instructions. Funds need to be on deposit at the designated Financial Institution on the evening prior to the effective date of the ACH debit. In the event of an error, you authorize SnoCope to take any and all action required to correct the error. To avoid delay, all authorizations need to be received by SnoCope 10 business days prior to date of debit, and must be accompanied by a pre-printed document from the financial institution being debited listing all of the account holders. The following will be accepted: voided check, deposit slip, top portion of a statement or verification letter. **To avoid delay, all authorizations need to be received by SnoCope 10 business days prior to date of debit, and must be accompanied by a pre-printed document from the financial institution being debited listing all of the account holders. The following will be accepted: voided check, deposit slip, top portion of a statement or verification letter.**

This authorization will remain in full force and effect, and will continue to occur on the date(s) indicated, until SnoCope receives written notification from you of its termination in such time and in such manner as to afford the financial institutions involved a reasonable opportunity to act on it. You understand that if a preauthorized ACH debit is returned three times within a twelve-month period, SnoCope may cancel the ACH Debit Authorization Agreement for Direct Payments.

You agree to indemnify and hold SnoCope harmless from all costs, including attorney's fees (to the extent permitted by law), damage or claims related to SnoCope's action in refusing payment of the item, including claims of any joint account holder, payee, or endorsee, or in failing to cancel or process an item as a result of incorrect information provided by you.

By signing below, you certify that the information you have given on this ACH Debit Authorization Agreement for Direct Payments is complete, true, and submitted for the purpose selected above.

TO CANCEL THIS AUTHORIZATION, OR DISPUTE TRANSACTIONS, YOU MUST NOTIFY SNOCOPE IN WRITING.

PRINT NAME OF PERSON AUTHORIZING DEBIT		FOR SnoCope USE ONLY	
DAYTIME PHONE		DATE ENTERED:	INITIALS
DATE			
SIGNATURE OF PERSON AUTHORIZING DEBIT		DATE AUDITED:	INITIALS
		DATE SCANNED:	INITIALS