

ACH CREDIT AUTHORIZATION AGREEMENT



Use this form to request recurring transfer of funds from your BECU account to your account at another financial institution.

Indicate the reason for this Credit request (check only one):

Create a new ACH authorization (Complete sections 1-4 and 6.)

Change the date / amount / bank / account number of an existing ACH authorization (Complete sections 1-4 that apply, and 6.)

Cancel an existing ACH authorization (Complete sections 5 and 6.)

1. Account Information

BECU ACCOUNT NUMBER (required)	CURRENT BECU ACCOUNT NUMBER (if changing account used for authorizations)	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
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2. Financial Institution to Credit

NAME OF FINANCIAL INSTITUTION TO CREDIT	ROUTING NUMBER	ACCOUNT NUMBER	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
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To avoid processing delays:

- ✓ Requests must be received by BECU 10 business days prior to date of the credit.
- ✓ You must be an account owner on both accounts.
- ✓ Attach document from the other financial institution:
 - Must be pre-printed with the names of the account owners and the complete account number.
 - Acceptable documentation: voided check, statement copy, or verification letter.

3. Amount to Credit

AMOUNT TO CREDIT _____

4. Date / Frequency

I would like my ACH transaction to begin transferring on (MM/DD/YY) _____ and to recur as follows:

Bi-weekly, every two weeks (indicate day) M T W TH F

Monthly (indicate date 1st-28th or last day of month) _____.

Semi-Monthly, every 15 days (indicate dates 1st-28th or last day of month) _____ and _____.

Note: If the date you have requested the ACH transaction to occur is on a weekend or holiday, the transaction will occur the following business day.

5. Cancel an Existing ACH Credit Authorization

Please cancel the ACH from BECU _____ to _____ for _____ effective _____

(Account Number) (Financial Institution) (Dollar Amount) (Date)

6. Authorization

I (We) acknowledge that the origination of ACH transaction to my (our) account must comply with the provision of U.S. Law and the Rules of the National Automated Clearing House Association. I (We) further acknowledge that I (we) have retained a copy of this authorization when I (we) signed it.

You hereby authorize and request BECU to debit funds from your account, and credit the funds according to the above instructions at the financial institution indicated. 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 BECU to take any and all action required to correct the error.

We may cancel and/or terminate any EFT services at any time for any reason and without prior notice, but we may notify you after the cancelation or termination as may be required by law.

You agree to indemnify and hold BECU harmless from all costs, including attorney's fees, (to the extent permitted by law), damage or claims related to BECU's action in refusing payment of an 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 Credit Authorization Agreement is complete, true, and submitted for the purpose selected above.

PRINT NAME	SIGNATURE	DATE
BECU Use Only	REP NAME	EXTENSION

Please return completed and signed form to:
 BECU Deposit and Payment Processing M/S: 1085-2 PO Box 97050 Seattle, WA 98124 | Fax: 206-965-3236