



# Automated Funds Transfer Request

P. O. Box 2499, Kokomo, IN 46904-2499  
(765)-453-4020 or 800-999-5894  
Fax 765-453-1572

Member Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Solidarity Member Number \_\_\_\_\_ Email \_\_\_\_\_

This is a new transfer request  Please delete this transfer

This is a change request.....  Acct. #  Routing #  Amount  Date (Org Date) \_\_\_\_\_  
Solidarity Account Number

Amount \_\_\_\_\_ Transfer funds to my:  Loan \_\_\_\_\_  
 Checking \_\_\_\_\_  
 Savings \_\_\_\_\_

This transaction should happen:  once  weekly \_\_\_\_\_ day  monthly \_\_\_\_\_ date  bi-weekly \_\_\_\_\_ day

Starting on\* \_\_\_\_\_  semi-monthly \_\_\_\_\_ date and \_\_\_\_\_ date

\*At least 5 business days from current

My other financial institution's routing number (9 digits): \_\_\_\_\_

Account Number (up to 17 digits) \_\_\_\_\_

Choose One:

- pull funds from a savings account at another institution
- pull funds from a checking account at another institution (attach a voided check)
- Cancel current payment transfer from Solidarity account #:

### ACH Disclosure

The following is our disclosure regarding your ACH transaction:

I/we hereby authorize Solidarity Community Federal Credit Union to initiate debit entries to my/our account indicated below. This authorization is to remain in full force and effect until Solidarity Community Federal Credit Union has received written notification (no less than 5 business days prior to transfer date). I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.

Where ACH transfers are made for the transfer of making loan payments, the monitoring of the loan balance, the final payoff amount, and the cancellation of the ACH Agreement are the responsibility of the member. The Credit Union is not liable for transfers made or any costs incurred by the member in the event that the ACH Agreement is not canceled at the time a loan is paid off.

Please refer to Solidarity Community Federal Credit Union's Terms and Conditions for further disclosures and information.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

For Internal Use Only

Emp. Int \_\_\_\_\_ Form Keyed in Emp. Int. \_\_\_\_\_ Date Keyed in \_\_\_\_/\_\_\_\_/\_\_\_\_ ACH orig. \_\_\_\_\_