



ONE TIME ACH DEBIT

Member's Name _____ Signature _____

Member's Daytime Phone # _____ Date Debit to Begin _____

Amount of ACH Debit \$ _____ SWAFCU Account # _____ Suffix _____

Debit to: ABA or Routing # _____

Name of Financial Institution _____

City _____ State _____

Account # _____ ☐ Savings ☐ Checking (check one)

Name(s) on Account _____

FOR CREDIT UNION USE ONLY

Received: Date _____ Time _____ Employee Initials _____

FOR FINANCE DEPT. USE ONLY

SEC Code (check one) ☐ PPD ☐ TEL

OFAC Verification _____ ABA # Verification _____ FedACH Participant Verification _____ Stop Date Entered _____

Entered into .ACH: Date _____ Time _____ Employee Initials _____