

**ACH Debit – Recurring**

Member’s Name \_\_\_\_\_ Signature \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

New Authorization   
  Change of Previous Authorization   
  Termination of Original Authorization  
(Written notification required 24 hours in advance)

Amount of ACH Debit \$ \_\_\_\_\_ SWACU Account # \_\_\_\_\_ Share ID \_\_\_\_\_

Date Debit to Begin \_\_\_\_\_ Frequency:    Weekly    Bi-Weekly    Monthly    Semi-Monthly

I/we hereby authorize the CREDIT UNION to initiate debit entries to my/our account at the financial institution named below, hereafter called INSTITUTION and to debit the same such account as specified above. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.

Debit to:                      ABA or Routing # \_\_\_\_\_

   Name of Financial Institution \_\_\_\_\_

   Address of Financial Institution \_\_\_\_\_

   City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

   Account # \_\_\_\_\_                      Savings    Checking

   Name(s) on Account \_\_\_\_\_

<b>ACH Account Allocation</b>		
SWACU Account Number	Loan Type	Amount

*This authorization will remain in full effect until SOUTHWEST AIRLINES FEDERAL CREDIT UNION has received written notification from an authorized signer on this account, at least 24 hours in ADVANCE of its termination in such manner as to afford SWACU a reasonable opportunity to act.*

**ALL DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THIS AUTHORIZATION.**

*If your ACH origination is returned, your account will be assessed a \$30.00 ACH Return Fee. If the amount was applied to a loan payment, the payment will be reversed, and you will be responsible for making other payment arrangements.*

**FOR CREDIT UNION USE ONLY**

Received: Date \_\_\_\_\_ Time \_\_\_\_\_ Employee Initials/Teller # \_\_\_\_\_

**FOR FINANCE DEPARTMENT USE ONLY**

SEC Code (circle one)    PPD    TEL    OFAC Verification \_\_\_\_\_    ABA # Verification \_\_\_\_\_    Stop Date Entered \_\_\_\_\_

Entered into ACH: Date \_\_\_\_\_ Time \_\_\_\_\_ Employee Initials/Teller # \_\_\_\_\_