



ACH Authorization Agreement

****ALL OUTGOING TRANSACTIONS WILL BE CHARGED A FEE IN THE AMOUNT OF \$7.00****

I (we) hereby authorize U-Haul Federal Credit Union, hereinafter called UFCU, to debit and withdraw from or to send funds to my (our) account indicated at the financial institution named below, hereinafter called the FINANCIAL INSTITUTION. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law and the policies of the Office of Foreign Assets Control.

Type of Request New Modification (change to existing) One-Time

Type of Authorization **ACH Debit** – withdrawing funds from another financial institution to credit an UFCU account
 ACH Credit – withdrawing from an UFCU account to credit another financial institution

Receiving Bank Information

Account Holder Name _____

Financial Institution Name _____

Effective Starting Date* _____ (must be at least 7 calendar days in the future)

Dollar Amount _____

Routing Number _____

Account Type Savings Checking Other _____

Account Number _____

*Weekends and holidays will be transacted on the next business day. Transactions on the 29th, 30th, and 31st will be originated for the last business day of the month.

U-Haul Federal Credit Union

Account # _____

Account Type Savings Checking Other _____

Home Telephone _____ Work _____

Email Address _____

Print Name _____

Signature _____

Date _____