

P O Box 2600, Little Rock, AR 72203 Phone: 501-374-2031 Fax: 501-374-2041

ACH AUTHORIZATION

I hereby authorize Southern Gas Federal Credit Union to originate an electronic file transfer (EFT) from my account as follows and to continue it until further notice:

DRAFT FROM	: (Please attach voided check if institution is other than SGFCU)			
Institution Name	Name on Account			
ABA Routing #	Acct#			
Checking_	Savings			
Amount \$_ **any amoun	Effective date			
FREQUENCY:				
One time only Same Day Processing (must be received prior to 11:00 pm)				
Weekly Bi-weekly Monthly Semi-monthly Annually				
<u>DEPOSIT TO:</u> (Please attach voided check if institution is other than SGFCU)				
Institution Name	Name on Account			
ABA Routing#	Acct #			
Checking	Savings			
Loan/s				

I understand that this authorization will remain in full force and effect until I notify Southern Gas Federal Credit Union in writing that I wish to revoke this authorization. I understand that Southern Gas Federal Credit Union requires at least THREE business days prior notice in order to cancel this authorization. I agree to be bound by the National Automated Clearinghouse Association (NACHA) Rules. I will not originate any entries that violate US laws. I understand that Southern Gas Federal Credit Union has the right to 1) terminate or suspend this agreement for breach of NACHA Rules and 2) audit my compliance with the origination agreement and NACHA Rules.

Please see current fee schedule for applicable fees. Southern Gas Federal Credit Union is not responsible for incorrect information provided if voided check not provided. Voided check not required if it has previously been provided.

Signature	Date	
Member name	Acct #	
Phone #		
Internal use only: Processed by	Date:	
Verified by:	Date Verified: Fee Charged	