

AUTHORIZATION AGREEMENT FOR DIRECT TRANSFERS (ACH DEBIT)

Select Request Ty	pe (chose only of	le option).					
Start a New Recurring	Direct Transfer						
Stop/Discontinue my e	existing Recurring Direct Tr	ransfer (allow 3 business days to	take effect)				
Temporarily Defer my existing Recurring Direct Transfer "Defer Until" Date:							
Modify the Amount, Fire	nancial Institution and/or i	Account of my existing Recurring	g Direct Transfer				
	Fin	ancial Institution to	Debit				
Debiting FI Name:							
	(ex: Bank of America, Wells Fargo, Pentagon Federal CU, USAA, etc)						
Name on Account:							
	Name must be Primary or Joint on Pima Federal CU Account						
Routing Number:	Account Number:						
				Savings		Checking	
Pima Federal Account to Credit							
Member Name:							
Wiember Hamer		Share/					
Account Number:		Loan ID:		Savings	Checking	Loan	
	Paym	nent Amount and Fr	equency				
Please select a Start Date that	is at least 10 business days	out for processing. We will send a	pre-notification to the	e Financial In	stitution listed al	bove to	
verify the account information the chosen frequency.	n before the 1st Payment is s	ent-if time is not allowed, the 1st	Payment will not proc	ess until the	next payment da	te based on	
Transfer Amount:	Start Date:						
Select Frequency:	Weekly Occurs every 7 days from the Start Date						
	Bi-Weekly	Bi-Weekly (Skip First)		Bi-Weekly	(Skip Last)		
	If there are enough days for 3 transfers in a month you can select if you want to skip the first or last transfer in the month,						
	otherwise transfer will occur every 14 days. NOTE:						
		tion for Loans with a Due Date bas					
	Semi-Monthly	Occurs twice a month	Day 1:		Day 2:		
	Monthly	Occurs once a month on	the Day selected	in the Star	rt Date		
		Authorization					
three (3) business days prior t	o the scheduled payment da	I Pima Federal CU has received no ate. If the notification is verbal, Pi er penalty of perjury that the fore	ma Federal CU requir	es verificatio			
Member Signature:	Date:						
Teller #/FC:	Date Scanned/Emailed:						
FOR BACK OFFICE USE ONLY							
Employee #:	Date Rcvd	Prenote Sen	tTran	sfer Vrfd			
Manager Appr	oval (if needed):						