



P.O. Box 97000, Lynnwood, WA 98046
800.683.0973 • www.1stsecurityofwa.com

Auto-External Transfer Authorization (ACH)

New Request Change Cancel

To enroll in, change, or cancel your Auto-External Transfer Authorization for ACHs (electronic withdrawals), please complete this form and return it to the nearest 1st Security Bank of Washington branch or by mail at the address above. Please keep a copy for your records. For additional information about this service, please contact us at 800.683.0973.

Credit – 1st Security Bank of Washington

Printed Name(s) _____

1SB Account Number _____

The amount authorized to be drawn each month on the above account by 1st Security Bank shall be \$ _____,

The first withdrawal will take place on _____.

Electronic withdrawal requests must be received at least seven (7) days prior to the first requested withdrawal date. Requests received less than seven (7) days prior will begin the month following the first requested withdrawal date.

Debit – Other Financial Institution

Attach Voided Pre-Printed Check Here
(No Starter Checks)

Please tape on all sides.
Enter "VOID" in all spaces (date, payee, amounts, and signature line).

If withdrawal is from a **savings account**, please attach a voided savings deposit slip **OR** a letter from your financial institution on its letterhead stating same information.

If withdrawal is from a **business account**, please attach a voided check **AND** a letter from your financial institution including the account number, routing number, verification of your status as an authorized signer on the account, and a contact name and number for the financial institution.

Authorization

I (We) hereby request and authorize 1st Security Bank of Washington to initiate debit entries electronically to my (our) account indicated above and the financial institution named above. I (we) understand it is my (our) responsibility to maintain a balance in my (our) account to enable the transfer to be made on the specified date, and on the same day of each following month. If there are not sufficient funds in the account on the transfer date, the transfer will not occur. This authority is to remain in full force and effect until 1st Security has received written notification from me (or either of us) of its termination in such time and in such manner as to afford 1st Security a reasonable opportunity to act on it.

The amount transferred for 1st mortgage payments will automatically change with insurance or tax adjustments. I will receive advance notice of this change.

Signature _____

Date _____

FOR BANK USE ONLY

Received By _____ Teller Number _____ Date to Accounting _____

ACH Set-Up By _____ Teller Number _____

Original to Bank Copy to Borrower