

## Pre Authorized Transaction (ACH) External

The customer(s) named below authorizes 1st Security Bank ("FSBWA") as your agent, until this authorization is revoked in writing delivered to FSBWA, to initiate debit entries electronically or otherwise on your deposit account that is designated and maintained as follows:

**Customer Name(s):** \_\_\_\_\_

**From Bank Name:** \_\_\_\_\_

**From Account Information: Routing #** \_\_\_\_\_ **Account #** \_\_\_\_\_

Attach a voided **Check** in the space below. \* Please use tape to affix all sides of the check.

Your Name Your Street Address Your City, State & Zip	1212
Date _____	
Pay to the Order of _____	\$ _____
_____ Dollars	
Bank Name & Logo ACH R/T 121234567	
Memo _____	
Your 9-Digit Bank Routing Number	Your Account Number

\* If the transfer is from a savings account, you may substitute a letter from your bank on its letterhead stating the same information.

\* If the transfer is from a business account, you must also attach a letter from your bank 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 bank.

With this authorization, FSBWA will withdraw the Transfer Amount from an external deposit account on the Transfer Date for the purpose of transferring funds to the following account:

**Account Number:** \_\_\_\_\_, which is a  Loan account  Deposit account

**Transfer Date:**  \_\_\_\_ day of the month or  the payment due date (if a loan)

**Transfer Amount:**  \$ \_\_\_\_\_ or  the monthly payment due (if a loan)

- If your transfer due date falls on a weekend day or holiday your transfer will be posted on the next business day. This authorization must be received at least seven (7) days prior to your first transfer date. If there are fewer than seven (7) days until your first transfer date, automatic payments will commence the following month.
- You are responsible and liable for all transactions made under this authorization. FSBWA will not be liable for any fees your financial institution may assess if you do not have sufficient funds in your deposit account to cover a transfer.
- Transfers will continue until you terminate this authorization in writing, or, if the transfer is to make payments on a loan account, as long as there is an outstanding balance on your loan
- The amount transferred for 1<sup>st</sup> mortgage payments will automatically change with insurance or tax adjustments. You will receive advance notice of this change.
- You understand all entries transmitted by you and the bank, are bound by the NACHA Operating Rules; you have authorization to debit or credit the account at the Receiving financial institution.
- You agree not to violate the laws of the U.S. by generating transactions to any account blocked by the Office of Foreign Asset Control (OFAC) or for the purposes of unlawful Internet Gambling.
- FSBWA will make every effort to process, transmit and settle for transactions, but is not liable for any inconsequential, special, punitive or indirect loss or damage if the transaction is delayed.
- You understand that if the account number and name on the transaction are inconsistent, Receiving Financial Institution may credit/debit the account based solely on the account number.
- You agree to maintain an account at the FSBWA with available funds to cover any credit entries transmitted on your behalf or fund any returns received for prior debit entries transmitted by FSBWA during the term of the agreement. FSBWA may debit any account maintained by customer to satisfy amounts owed.
- Either party may terminate this agreement with fifteen days written notice; such termination does not affect the customer's obligations under this agreement.
- Change or cancellation requests must be received at least three (3) business days prior to the transfer date.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR BANK USE ONLY

Received By: \_\_\_\_\_ BR #: \_\_\_\_\_ Mgr Initials: \_\_\_\_\_ Setup Date: \_\_\_\_\_ SSN: \_\_\_\_\_ To Imaging: \_\_\_\_\_  
Form 8001