

AUTOMATED DISTRIBUTION AUTHORIZATION

AUTO TRANSFER Automatic Transfer From Chocking Savings Suffix Suff	Name			Account #
Automatic Transfer From Checking Surfix Savings Surfix Description Start Change Cancel Frequency Weekly Bi-Weekly Semi-Monthly Other Amount of Transfer S Start Date for Transfer Start Date for Transfer Suffix Amount of Transfer S Start Date for Transfer Suffix Amount of Transfer S Start Date for Transfer Suffix Amount of Transfer S Start Date for Transfer Suffix Amount of Transfer S Start Date for Transfer Suffix Amount of Transfer S Start Date for Transfer Suffix Amount of Transfer S Start Date for Transfer Suffix Amount of Transfer S Start Date for Transfer Suffix Amount of Transfer S Suffix Amount of Transfer S Suffix Amount of Transfer S Suffix Suffix Amount of Transfer S Suffix Suffix Amount of Transfer S Suffix Suffix Suffix Amount of Transfer S Suffix Suffix Suffix Amount S Suffix Suff	Home Telephone ()	Work Telephone ()		Other Telephone ()
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Other Credit Othe	Description ☐ Start ☐ Change Frequency ☐ Weekly ☐ Bi-Weekly ☐ Semi-I Amount of Transfer \$	☐ Cancel Monthly ☐ Monthly ☐ Other	Description Star Frequency Weekly Amount of Transfer \$ Start Date for Transfe	rt
Account # Suffix Amount Suffix Amount Sepository Financial Institution (From)				U Other
Suffix Amount Account Type Amount Amount Suffix Amount Amount Suffix Amount Suffix Amount Suffix Amount Suffix Amount Amount Suffix Amount Suffix Amount	(5/1)		Suffix	☐ Incoming ACH [Credit] ☐ Outgoing ACH [Debit]
Routing #	ACCOUNT#	Amount	Depository Financial	Institution:
Routing #		<u> </u>	Name of Financial Insti	titution (From)
Account #		<u> </u>		
Amount \$ Name of Financial Institution (To)			Routing #	
Name of Financial Institution (To) Name of F		<u> </u>	Account #	Account Type
S Name of Financial Institution (To)			Amount \$	
Routing #				
Routing #			Name of Financial Insti	titution (To)
Account #		\$		
Account #		 \$	Pouting #	
SIGNATURES By signing below, You hereby authorize Dakota Plains Federal Credit Union to deduct the amount(s) specified in this Automated Distribution Authorizatio ("Authorization") and to remit such amount(s) directly to/from Dakota Plains Federal Credit Union on Your behalf. You understand and agree to the following: ("Authorization may involve electronic fund transfers and, to that extent, You acknowledge receiving a copy of Our Electronic Fund Transfer Agreement ar You agree to and accept the terms found therein; (b) You acknowledge receiving a Fee Schedule and the Dakota Plains Federal Credit Union Membership and Account Agreement provided at the time You opened Your Account(s) and You agree to and accept the terms and conditions found therein; (c) if this Authorization involves a jointly owned Account, You certify that You are representing all owners of the Account(s) and that You are authorized to do so; and (d) to the exte permitted by law, this Authorization will continue (even in the unlikely event of Your bankruptcy or insolvency) as a voluntary payment unless terminated in writir to the Credit Union at least 14 days prior to the date of the next scheduled transfer during which You would like this Authorization canceled. You further understant that for ACH Transfers the Credit Union has the right to: (i) suspend or terminate this agreement should You breach the operating rules of the National Automate Clearing House Association (Rules); and (ii) audit the Originator's compliance with the origination agreement and the Rules. Signature Date CREDIT UNION USE ONLY Notes				
By signing below, You hereby authorize Dakota Plains Federal Credit Union to deduct the amount(s) specified in this Automated Distribution Authorizatio ("authorization") and to remit such amount(s) directly to/from Dakota Plains Federal Credit Union on Your behalf. You understand and agree to the following: (his Authorization may involve electronic fund transfers and, to that extent, You acknowledge receiving a copy of Our Electronic Fund Transfer Agreement at You agree to and accept the terms found therein; (b) You acknowledge receiving a Fee Schedule and the Dakota Plains Federal Credit Union Membership at Account Agreement provided at the time You opened Your Account(s) and You agree to and accept the terms and conditions found therein; (c) if this Authorizatic involves a jointly owned Account, You certify that You are representing all owners of the Account(s) and that You are authorized to do so; and (d) to the exte permitted by law, this Authorization will continue (even in the unlikely event of Your bankruptcy or insolvency) as a voluntary payment unless terminated in writing to the Credit Union at least 14 days prior to the date of the next scheduled transfer during which You would like this Authorization canceled. You further understant for ACH Transfers the Credit Union has the right to: (i) suspend or terminate this agreement should You breach the operating rules of the National Automate Clearing House Association (Rules); and (ii) audit the Originator's compliance with the origination agreement and the Rules. Signature Date Date CREDIT UNION USE ONLY Notes				
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Signature Date CREDIT UNION USE ONLY Notes	By signing below, You hereby authorize ("Authorization") and to remit such amounthis Authorization may involve electronic for You agree to and accept the terms found account Agreement provided at the time You involves a jointly owned Account, You cerpermitted by law, this Authorization will cort to the Credit Union at least 14 days prior to that for ACH Transfers the Credit Union had Clearing House Association (Rules); and (t(s) directly to/from Dakota Plains Fe und transfers and, to that extent, Yo therein; (b) You acknowledge receiv ou opened Your Account(s) and You tify that You are representing all ow ntinue (even in the unlikely event of Yo the date of the next scheduled transis s the right to: (i) suspend or terminat	ederal Credit Union on You acknowledge receiving ing a Fee Schedule and the agree to and accept the teners of the Account(s) and our bankruptcy or insolve fer during which You would the this agreement should the sagreement should be s	our behalf. You understand and agree to the following: g a copy of Our Electronic Fund Transfer Agreement at the Dakota Plains Federal Credit Union Membership at terms and conditions found therein; (c) if this Authorizat nd that You are authorized to do so; and (d) to the extency) as a voluntary payment unless terminated in writing like this Authorization canceled. You further understated the operating rules of the National Automatement and the Rules.
CREDIT UNION USE ONLY Notes	Signature			Date
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