Dakota Plains
FEDERAL CREDIT UNION

AUTOMATED DISTRIBUTION AUTHORIZATION

Name _____ Account #_____

Home Telephone ( )_____ Work Telephone ( )_____ Other Telephone ( )_____

AUTO TRANSFER

Automatic Transfer From ☐ Checking _____ Suffix ☐ Savings _____ Suffix

Description ☐ Start ☐ Change ☐ Cancel

Frequency ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly ☐ Other _____

Amount of Transfer $_____

Start Date for Transfer _____

Distribute To:

Account #	(S/L) Suffix	Amount
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____

Total Amount of Distributions $_____

ACH TRANSFER

ACH Transfer Type ☐ One-Time ☐ Recurring

Description ☐ Start ☐ Change ☐ Cancel

Frequency ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly ☐ Other _____

Amount of Transfer $_____

Start Date for Transfer _____

ACH Transfer From ☐ Checking _____ ☐ Savings _____ ☐ Other _____

Suffix _____ ☐ Incoming ACH [Credit] ☐ Outgoing ACH [Debit]

Depository Financial Institution:

Name of Financial Institution *(From)*

_____

Routing # _____

Account #_____ Account Type _____

Amount $ _____

Name of Financial Institution *(To)*

_____

Routing # _____

Account #_____ Account Type _____

Amount $ _____

SIGNATURES

By signing below, You hereby authorize Dakota Plains Federal Credit Union to deduct the amount(s) specified in this Automated Distribution Authorization ("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: (a) this Authorization may involve electronic fund transfers and, to that extent, You acknowledge receiving a copy of Our Electronic Fund Transfer Agreement and 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 extent 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 understand 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 Automated Clearing House Association (Rules); and (ii) audit the Originator's compliance with the origination agreement and the Rules.

_____
Signature Date

_____
Signature Date

CREDIT UNION USE ONLY

Notes

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☐ Phone Request

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