



2805 Bowers Ave  
 Santa Clara, CA 95051  
 Fax: 408-731-4068

## ACH Deposit/Withdrawal Authorization

You may complete this form online and print to sign and then fax or mail to the location indicated.

\_\_\_\_\_  
 Last Name                                      First Name                                      Middle Initial                                      Social Security Number

**"From" Account Number:**

**Is this a KeyPoint Credit Union Account?**

**Account Type**

Yes  No

Checking  Savings  Loans  CD Interest

(If "no," attach voided check)

**"To" Account Number:**

**Is this a KeyPoint Credit Union Account?**

**Account Type**

Yes  No

Checking  Savings  Loans

(If "no," attach voided check)

**This authorization is a:**

**Transfer Amount**

**Frequency**

**Date for Payment**

New  Change  Cancel

**"From" Account Number:**

**Is this a KeyPoint Credit Union Account?**

**Account Type**

Yes  No

Checking  Savings  Loans  CD Interest

(If "no," attach voided check)

**"To" Account Number:**

**Is this a KeyPoint Credit Union Account?**

**Account Type**

Yes  No

Checking  Savings  Loans

(If "no," attach voided check)

**This authorization is a:**

**Transfer Amount**

**Frequency**

**Date for Payment**

New  Change  Cancel

### External Financial Institution Information

(Only if "To" or "From" Account is **not** a KeyPoint Credit Union account. A **Voided Check MUST be submitted** along with this form, for these requests.)

Name of Financial Institution: \_\_\_\_\_

\_\_\_\_\_  
 Address                                      City                                      State                                      Zip

Phone Number: \_\_\_\_\_ ABA/Transit Routing Number: \_\_\_\_\_

I hereby authorize KeyPoint Credit Union to transfer funds, as listed above, between my accounts at KeyPoint Credit Union and another financial institution, and if necessary, to make adjustments for any errors. KeyPoint Credit Union will be responsible for the transfer of funds in accordance with this authorization. Once a transfer is made to another financial institution, KeyPoint Credit Union will have no further responsibility or liability for deposit of such funds. Written notification must be received in sufficient time to afford KeyPoint Credit Union a reasonable opportunity to act on notification. This authorization will remain in effect until KeyPoint Credit Union has received written notification from an authorized signer on my account to change or cancel this authorization. My signature below acknowledges that I have received a disclosure and agreement regarding the terms and conditions governing Credit Union electronic services. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

\_\_\_\_\_  
 Member's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Day Time Phone Number

### For KeyPoint Credit Union use only:

Information Verified By:

Received Date:

Ownership Acct#

Rtg#

Date Entered: