**ACH FUNDS TRANSFER - SECOND PARTY AUTHORIZATION**

*Authorization of the* ***second party******account holder*** *of automatic transfer(s) to or from Skagit Bank to/from another Financial Institution*

**Agreement to Transfer Funds Between:**

|  |  |
| --- | --- |
| Second Party Account Holder  Name:  Telephone #: | Skagit Bank Account Holder  Name: Quaker Cove Ministries  Telephone #: |

Second Party Account Holder herby authorizes Skagit Bank to initiate a debit or credit ACH transaction to/from Financial Institution and Account named below. Account Holder acknowledges that the origination of ACH transactions to Account Holder’s account must comply with the provisions of U.S. Law.

**Transfer**  **To**  **From**

|  |
| --- |
| Account Type: |
| Account Number: |
| Type of Transfer: |
| Amount: |

**Financial Institution:**

|  |
| --- |
| Name: |
| Branch: |
| City, State, Zip: |
| Routing Number: |

**Instructions:**

|  |
| --- |
| Beginning Date: |
| Frequency: |
| Special Instructions or Provisions:       Secondary Bank:       Routing #: |

**AUTHORIZATION**

Account Holder hereby authorizes Skagit Bank to make the transfer(s) as indicated above until further notice from either party of the funds transfer in such time and in such manner as to afford Skagit Bank and above names Financial Institution opportunity (at least three (3) business days) to act on it . If this agreement changes any prior authorization between Skagit Bank and Account Holder, the prior authorization is hereby cancelled, and Account Holder instructs Skagit Bank to follow this authorization. Account Holder further acknowledges that Skagit Bank has no responsibility to contact Account Holder when the above transfer(s) occur(s). Account Holder understands that Account Holder can call Skagit Bank to find out whether or not the transfer(s) has been made. Account Holder understands that it is Account Holder responsibility to have sufficient funds available in Account Holder account on the transfer date(s) in order for Skagit Bank to make the automatic payment(s). Account Holder acknowledges that if sufficient funds are not available in Account Holder account to cover the amount of the transfer(s), the automatic payment(s) may not be made. Account Holder further acknowledge that Skagit Bank will not be liable for any charges, including but not limited to, any charges related to items returned due to insufficient funds, or for any late charges or additional interest if this authorization is for automatic loan payments. Account Holder acknowledges that these transactions will process through the ACH (Automated Clearing House) system.

**X**

Account Holder Signature Date:

*Bank Use Only:*

|  |  |  |  |
| --- | --- | --- | --- |
| Received by: | Branch/Department: | Processed by: | Process date: |

Send Automatic Loan Payments to LOC for Processing. Send to IP for scanning when complete.

**Revocation:**

By: X

Account Holder Signature / or how and who authorized and ID Effective Date:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Received by: | BR/DEPT: | Processed by: | Process date: | SSB Account # |

Send Automatic Loan Payments to LOC for Processing. Send to IP for scanning when complete.