



Pre-Authorized Transaction Request

Fax the completed form to 803-454-8044 or drop it off at any State Credit Union location.

From another financial institution account to a State Credit Union account

Complete this section, including the Authorization portion below and fax to 803 454 8044 along with a voided check from the account being debited.

Transfer from institution name: _____ Routing transit number: _____
 Amount to transfer: \$ _____ Start date: _____ (Month, Day and Year*)
 Transfer from external account #: _____ Account type: (savings, checking, etc.) _____
 Transfer to SCU account #: _____ Account type: (savings, loan, etc.) _____

Frequency**

weekly on same day as start monthly on same date as start semi-monthly (i.e. 1st & 15th, or 15 & end of month) biweekly (i.e. every other Friday)

*If your transfer date falls on a weekend or holiday, the transfer will be initiated on the second business day. **For other frequency options, contact us at 800-868-8740, or 803-343-0300 option 5.

From one State Credit Union account to another State Credit Union account

Complete this section, including the Authorization portion below and fax to 803 454 8044.

Amount to transfer: \$ _____ Start date: _____ (Month, Day and Year*)
 Transfer from SCU account #: _____ Account type: (savings, checking, etc.) _____
 Transfer to SCU account #: _____ Account type: (savings, loan, etc.) _____

Frequency**

weekly on same day as start monthly on same date as start semi-monthly (i.e. 1st & 15th, or 15 & end of month) biweekly (i.e. every other Friday)

*If your transfer falls on a weekend or holiday, the transfer will be initiated on the next business day. **For other frequency options, contact us at 800-868-8740 or 803-343-0300 option 5.

Authorization

Account owner signature required for all pre authorized transaction requests.

Your name: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____ Daytime phone: _____

Authorized Signature(s): _____ Date: _____

I authorize State Credit Union to initiate debit entries to my account listed above, and I request and authorize the financial institution named above to accept and honor the same. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law including OFAC regulations. I understand that the Credit Union may impose a fee if such debit entry is not paid by my financial institution. I understand that State Credit Union will delete the origination transaction from my account if one of the following occur: three consecutive returns, authorization revoked, closed or unable to locate account. **This authorization will remain in effect until State Credit Union has received payment in full or written notification from me of its termination.** If you would like to stop payment on a recurring debit entry, contact us at least three business days prior to the scheduled date of entry, using the numbers listed below or visit one of our branch locations.

Credit Union Use Only

Employee: _____ Date: _____

PO Box 726 • 800 Huger Street • Columbia, SC 29202
800.868.8740 • 803.343.0300 • www.scscu.com

*State Credit Union is the trade name for S.C. State Federal Credit Union