

Account and Transaction Authorization

USAA Member Number _____

Complete and sign this form to Add an Account for future use and/or to set up an Automatic Funds Transfer. Return the original to us and keep a copy for your records. Mail the form to the address shown above or fax to 1-800-531-5717.

Add An Account

Provide account information below to set up an account for use in future transactions. You must be the account owner or have signature authority for any account you want to use to pay USAA bills or transfer funds both to and from. If you are not the account owner or do not have signature authority, you may only transfer funds to the account. You may not add commercial accounts.

To protect you from fraud and theft, we verify ownership of non-USAA accounts. If the account and financial institution information are on file with USAA, we can verify ownership immediately. We use temporary deposits to verify ownership of accounts that are not on file with USAA. If temporary deposits are required for verification you will receive an email or if you do not have a computer or email address on file with USAA, contact a representative for instructions to complete the verification process.

By signing and returning this form:

- You confirm that you have authority to make withdrawals from and deposits to this account.
- You authorize USAA** and its affiliates to store the account information you have provided in order to make any transactions you request from this account.
- This account will be available for future USAA** transactions, including transactions you request by phone or through usaa.com, until you remove it. Bank reserves the right to discontinue this service at any time.

Are you a signature authority on the account?

Yes

Signature

Date

No You will only be able to transfer to this account.

Checking

Savings

Account Holder Name

Account Type

Account Number

9-Digit Routing Number (Contact your financial institution if you do not know his number.)

Primary E-mail Address

Secondary E-mail Address

What would you like to name the account? _____

This name will display in your account.

Example: ABC Bank Savings, Johnnys Checking

Signature of Account Holder

Date

USAA Member Number

****For purposes of this form, USAA means United Services Automobile Association and its insurance, banking, and investment affiliates as follows:**

Banking – USAA Federal Savings Bank, USAA Savings Bank

Insurance – USAA Life Insurance Co., USAA Life Insurance Co. of NY, USAA Direct Life Insurance Co.

Investment – USAA Investment Management Co.

Automatic Funds Transfer Request

Provide account information below to set up automatic funds transfers on a schedule you establish. You must be the account owner or have signature authority for the account you want to transfer funds from.

By signing and returning this form:

- You confirm that you have authority to make withdrawals from and deposits to these accounts.
- You authorize USAA** to initiate electronic transactions to, from, or between the accounts listed below, including transactions that may be necessary to correct any errors.
- You understand that ACH (Automated Clearing House) transactions must comply with US laws.
- You understand that this authorization will remain in effect until you cancel it and USAA** has time to act.

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Amount	Start Date	End Date
Weekly	Every 2 Weeks	Monthly
		1 st & 15 th
		Every 2 Months

Frequency

FROM:

Account Number	Routing Number
	Checking Savings

Account Holder	Bank Account Type
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TO:

Account Number	Routing Number
	Checking Savings

Account Holder	Bank Account Type
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Automatic funds transfers scheduled for a holiday or weekend will generally occur on the previous business day. We will not complete your first transfer until we have completed the account verification process. Transactions involving non-USAA accounts may take up to 2 business days to be applied.

Signature of Account Holder	Date	USAA Member Number
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