

For Office Use Only

Completed By: _____

Date: _____



ACH ORIGINATION AGREEMENT

New Request

Change Request

Cancel Request

Member Name _____ Member Number _____

Daytime Phone _____ Cell Phone _____

Email Address _____

Type of Preauthorized Transfer:

(Please allow up to 2-3 days for the 1st preauthorized payment to be processed)

I am initiating a credit of \$ _____ to my account at United Local Credit Union.

Auto Loan Payment

Personal Loan Payment

Mortgage Loan Payment

Credit Card Payment

Other _____

Payment Frequency:

Weekly on MTWTF Bi-Monthly on the _____ & _____ Monthly on the _____

I authorize United Local CU to electronically debit my Checking / Savings (circle one) at:

Financial Institution Name

Name/Title on Account

ABA/Routing Number: _____

Account Number: _____

Please read the following statement and indicate your acceptance by signing below.

I authorize United Local CU to initiate credit entries to my account at the frequency set forth above. United Local CU will debit the amount set forth above, **along with an additional convenience fee of \$3.00**, electronically from the company or financial institution named above. I understand that I have the right to stop this preauthorized transfer by notifying United Local CU at least three business days prior to the next scheduled transfer and a fee may be assessed for that service. A new origination may be established anytime in the future by completing a new ACH Origination Agreement.

United Local CU may process adjustment entries in the event an incorrect transaction is posted to my account. I agree to hold United Local CU harmless for any expenses, including fees, assessed as a result of its inability to process a preauthorized transfer due to: incorrect account information provided by me; for its having acted on a stop transfer order; or, for there being insufficient funds in an account I designated.

This authorization will be in full force and effect until United Local CU has received written notice from me of my intent to terminate this authorization and United Local CU has had a reasonable amount of time to act on that termination. United Local CU may terminate this agreement at any time after notifying me in writing at my address of record

Member Signature: _____

Date: _____