

## ACH ORIGINATION AUTHORIZATION FORM

### TRANSFER INFORMATION:

\_\_\_\_\_ Please **DEPOSIT** to my Local 804 FCU account by withdrawing funds from the financial institution named below. I authorize that institution to initiate debit entries to my savings/checking account indicated below.

\_\_\_\_\_ Please **WITHDRAW from** my Local 804 FCU account and send funds to the other financial institution named below.

**Date to Begin:** \_\_\_\_\_ **Frequency:** \_\_\_ One Time Only \_\_\_ Weekly \_\_\_ Monthly

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### LOCAL 804 FEDERAL CREDIT UNION INFORMATION:

\_\_\_ Savings Account      \_\_\_ Checking/Draft Account      \_\_\_ Other

Member Name: \_\_\_\_\_

Member Account Number \_\_\_\_\_ Routing Number \_\_\_\_\_

Transfer amount \$ \_\_\_\_\_ Transfer Date: \_\_\_\_\_

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### INFORMATION OF OTHER INSTITUTION:

\_\_\_ Savings Account      \_\_\_ Checking/Draft Account      \_\_\_ Other

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

Financial Institution Address: \_\_\_\_\_

Institution Routing Number: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Account Number \_\_\_\_\_

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I hereby authorize Local 804 Federal Credit Union to transfer funds, as listed above, between my accounts at Local 804 FCU and another financial institution and, if necessary, to make adjustments for any errors. Local 804 FCU will be responsible for the transfer in accordance with this authorization. If my selected date falls on a weekend or holiday, I understand that the transaction will be processed on the next business day. Once a transfer has been made to another financial institution, Local 804 FCU will have no further responsibility for the credit or debit of such funds. This authorization will remain in effect until Local 804 FCU has received written notice of cancellation. I further understand and agree that in order for Local 804 FCU to make any automatic transfers per this Authorization Form, the full amount must be available in my account. **The fee for this service is \$2.50** and may be waived. This automatic transfer agreement may be cancelled in the event that funds are not available for transfer.

My signature below acknowledges that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Payments to loans: Monthly payments to Local 804 FCU loans will cease once the loan is paid in full. The last payment amount may be different from the amount I authorize on this form due to interest and payments paid throughout the history of the loan. I understand that for the transfer to occur both the receiving and the debited accounts must be my personal account for which I have authority to both receive and withdraw funds.

\_\_\_\_\_  
Authorized Signer Name (Print)

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date