

# ACH Origination Authorization

MEMBER NAME		DATE
ADDRESS	ACCOUNT NUMBER	LOAN ID/SHARE ID

**I. Transfer Information:**

Please indicate whether you wish to deposit or withdraw funds from your TLCCU account:

Deposit to TLCCU account (initiate debit from another financial institution)

Note: ACH debit transactions cannot be performed from loans at other institutions.

Withdraw from TLCCU account (credit to another financial institution)

**II. TLCCU Account Information:**

Effective Start Date:

Account Number:

Suffix:

Dollar Amount:

Type of Account:

Deposit

Loan

Frequency:

Monthly

Semi-Monthly

Weekly

Bi-Weekly

**III. Other Financial Institution Account Information:**

Financial Institution Name:

Account Holder Name:

Routing & Transit Number:

Account Number:

Account Type:

Savings

Checking

Loan

**IV. One Time Skip/Revocation:**

Date of Next Scheduled Transfer:

Account Number:

Loan ID:

Action:

One-time Skip

Revoke

Change

**V. Authorization and Disclaimer:**

By signing this document, I (We) hereby authorize TLCCU to initiate ACH (electronic fund) transfer(s) between the account number referenced in the TLCCU Account Information and Other FI Account Information sections as well as acknowledge we are authorized to allow access to each account. Funds must be available at the time the credit entry is attempted: cut off time is generally three business days prior. If the scheduled date falls on a weekend or federal holiday, I (we) understand that the transaction will be processed the next business day. I (We) acknowledge that the origination of ACH transactions to this account must comply under the rules of the National Automated Clearing House Association (NACHA) and with the provisions of US law. The authorization is to remain in full force until TLCCU has received notification from me (or anyone authorized) of its termination in such time and manner as to afford TLCCU reasonable opportunity to act on it.

A return fee may be assessed for any returned ACH transfers; TLCCU reserves the right to revoke this authorization for any returns.

Recurring payments for Mortgages and Home Equity Loans subject to escrow requirements: This is your notice that there will be a change to your payment annually due to escrow variances. You will be provided a notice of your new payment in your escrow account statement.

I (We) understand that this authorization will remain in full force and effect until I (We) notify TLCCU in writing that I (We) wish to revoke this authorization. I (We) understand that TLCCU requires at least 7 days prior notice in order to cancel this authorization

Signature/Authorization: \_\_\_\_\_ Date: \_\_\_\_\_