



ACH ORIGINATION AUTHORIZATION FORM

I hereby authorize ODJFS Federal Credit Union to transfer funds as listed (above/below) from my account at another financial institution to my ODJFS Federal Credit Union account. If my selected payment date falls on a weekend or holiday I understand that the transaction will occur on the next business day. Furthermore, I understand that I may be assessed a fee at the receiving financial institution if the payment amount requested is not available on the day of transfer.

STEP 1:

<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL				\$ _____ Amount
Name of Financial Institution _____				
Address _____		City _____	State _____	Zip Code _____
ABA Routing Number _____		<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		
Account Number _____				
<input type="checkbox"/> ONE TIME ONLY		<input type="checkbox"/> REOCCURRING MONTHLY On the _____ of the month (Specific Date –Example: 1 st or 15 th etc) Beginning in the month of _____		

STEP 2:

ODJFS Federal Credit Union Account Information	
Member Name _____	Account Number _____
Account Type _____	Loan # or Type _____

- ◆ Payments must be a fixed amount
- ◆ If payment is made by any other means, such as check; the origination of funds will still be withdrawn on the date authorized.
- ◆ The full amount of the originated payment must be available; no partial payments will be accepted through origination
- ◆ The origination must be cancelled upon reaching the end of my loan term (at payoff). Any payments that are received beyond loan payoff will be deposited to my savings account.
- ◆ This agreement will remain in effect until I issue written notification to ODJFS Federal Credit Union to amend or cancel this authorization.
- ◆ Only one payment origination attempt will be made. Alternate payment arrangements must be made if funds are not available to be transferred on the first attempt.
- ◆ Inaccurate information provided to the credit union may result in the delay of your payment and the assessment of a late penalty.

By signing {above/below} I acknowledge that I understand and accept the terms of this agreement.

Signature

Date