



ACH Origination Agreement

Air Force Federal Credit Union
 1560 Cable Ranch Road, Ste. 200 • San Antonio TX 78245
 GoAFFCU.com • 210.673.5610 • 800.227.5328 • FAX 210.678.5291

MEMBER INFORMATION

NAME(S)		ACCOUNT NUMBER	
STREET ADDRESS		CITY	STATE ZIP
HOME PHONE	WORK PHONE	CELL PHONE / OTHER	

I (we) hereby authorize Air Force Federal Credit Union, hereinafter called Credit Union, to initiate preauthorized payment entries to my/our account as indicated below. I (we) additionally authorize the credit union and depository financial instruction listed below to initiate debit / credit and adjustment entries for any debits or credits made in error. I (we) acknowledge that the origination of ACH entries to my (our) account must comply with the provisions of U.S. law and that the Credit Union does not originate International ACH Transactions (IAT). I (we) further acknowledge that initial originating entries and changes to existing entries require a **10-day advance notice**.

TRANSACTION AT OTHER PARTICIPATING INSTITUTION (Member completes ALL information)

FINANCIAL INSTITUTION NAME		ROUTING & TRANSIT / ABA#
ACCOUNT NUMBER AT INSTITUTION	TRANSACTION AMOUNT \$	DATE TO BE WITHDRAWN FROM FINANCIAL INSTITUTION <u>will</u> <u>be credited to AFFCU account next business day</u> ___/___/___

(check only one box)

Withdrawal From: Checking Savings **OR** **Deposit To:** Checking Savings **OR** Payment To Loan #

(check only one box)

Frequency (How Often): One-Time Request Weekly (W) Biweekly (B) Monthly (M) Quarterly (Q)
 Semi-monthly (S) – Specify 1st date ___/___/___ Specify 2nd date ___/___/___

TRANSACTION AT AFFCU (Check only one box)

Loan Payment to # _____ Deposit to Share # _____ Withdrawal from Share # _____

This authorization is to remain in full force and effect until the Credit Union has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Credit Union and depository a reasonable opportunity to act on it. I am aware, as the "Originator" on this agreement, that I must notify the Credit Union of any changes or any termination of preauthorized payment in writing.

X _____
 MEMBER / ORIGINATOR SIGNATURE DATE TELLER# / INITIALS

CANCELLATION / TERMINATION

I wish to cancel this origination/draft effective: ___/___/___

X _____
 MEMBER / ORIGINATOR SIGNATURE DATE TELLER# / INITIALS

CREDIT UNION USE ONLY

ORIGINATION: Processed By: _____ Date Processed: _____ Fee to: _____ Verified By: _____	EFT CANCELLATION: Processed By: _____ Processed On: _____ Verified By: _____
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