

ACH Origination Agreement

- Funds TO TCCU
- Modify Existing Agreement

- Funds FROM TCCU
- Cancel Existing Agreement

Name of Other Financial Institution: _____

Name on Account: _____

Routing & Transit (ABA) of Other Financial Institution: _____

Account Number at Other Financial Institution: _____

Tax ID: _____

Type of Account at other Financial Institution: (check one)

- Checking
- Savings

Amount: \$ _____

Effective Date: ____/____/____

Frequency: This authorization will remain in effect until written notification from me to terminate or change is received no less than 4 business days prior to the original scheduled transaction.

- One Time
- Monthly Day of the Month _____
- Weekly Day of the Week _____
- Bi-Weekly Day of the Week _____
- Semi-Monthly 1st & 16th of each month
- Semi-Monthly 15th & Last Day of each month

TCCU Account #: _____

TCCU Share Loan ID: _____

Name on Account: _____

Tax ID: _____

I hereby authorize Telco Community Credit Union to initiate a debit or credit entry from the accounts listed above through ACH (Automated Clearing House) network. You may make ACH Funds Transfer requests up to the amount of \$2500 per day. A signature or secure Home Banking message request is required for fund transfers over \$500.00 The Credit Union reserves the right to verify fund transfer requests at any time with an authorized person designated on the account before funds are processed.

It is my understanding this authorization may also be revoked by notification by the receiver and as described in the rules and regulations specified by (NACHA) National Automated Clearing House Association). Telco Community Credit Union reserves the right to assess a \$10.00 return item fee for each ACH Origination request that is returned to us as uncollected. I hereby agree to hold harmless Telco Community Credit Union from and against all claims that may arise against it by reason of acting pursuant to the foregoing authorization and agreement.

Member Signature or Per Telephone

Date

Member Daytime Contact #

Credit Union use only:

Person Taking Request Teller Number: _____ Branch#: _____

OFAC Check done Staff Initials: _____

Person Entering into iCaps Teller Number: _____ (indicates processed)

Callback verification must not be completed by the person taking the request and should be completed when transfers do not involve loan payments. TCCU requires use of phone numbers already on file with the Credit Union.

Employee Signature _____

Phone # Used: _____ Date: ____/____/____ Time: ____:____