



ACH ORIGINATION AUTHORIZATION FORM

I hereby authorize ODJFS Federal Credit Union to transfer funds as listed 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			
Name of Financial Institution			\$ Amount
Address of Financial Institution	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"/> REOCCURING MONTHLY	
Process on this date: _____		On the _____ of the month <i>(Specific Date –Example: 1st or 15th etc)</i>	
		Beginning in the month of _____	

STEP 2:

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

- ◆ Payments must be a fixed amount.
- ◆ The maximum daily transmission is to not exceed \$5,000 per day or a total of \$10,000 per month.
- ◆ If payment is made by any other means, such as check; the origination of funds will still be withdrawn on the date authorized.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, I acknowledge that I understand and accept the terms of this agreement.

Signature

Date