



ACH Origination Agreement

Please Check One: New Request Change Request Delete Request

Member Name: _____ Account Number: _____
Daytime Phone: _____ Cell Phone: _____
Email Address: _____

Type of Preauthorized Transfer:
(Please allow 30 days for the first Preauthorized Deposit/Payment to be processed)

I am initiating a credit of \$ _____ to my account at St. Mary's Credit Union.

Checking Deposit **Statement Savings Deposit**

Deposit Transfer Frequency:

Weekly Day of Week (Monday - Friday) _____
 Bi-Weekly Day of Week (Monday - Friday) _____
 Monthly Date of Month (1 - 31) _____

Loan Payment

Loan Transfer Frequency:

Monthly
Payment Due Date _____
Regular Monthly Payment \$ _____
Extra to Principal (optional) \$ _____

I authorize St. Mary's Credit Union to electronically debit my account at:

_____ Financial Institution Name _____ Account Title or Name on Account

*Checking Acct No.: _____ Savings Acct No.: _____ Routing Transit No.: _____

**** In order to ensure accuracy, please attach a voided blank check from the account to be debited.***

Please read the following statement and indicate your acceptance by signing below.

I authorize St. Mary's Credit Union to initiate credit entries to my account for the amount and at the frequency set forth above. St. Mary's Credit Union will debit the funds electronically from the company or financial institution named above. I understand that I have the right to stop this preauthorized transfer by notifying St. Mary's Credit Union at least three business days prior to the next scheduled transfer and a fee may be assessed for that service. Further, I agree that St. Mary's Credit Union will require written confirmation of a stop transfer order within fourteen calendar days if my initial stop payment request was made orally. This will permanently stop this preauthorized transfer. A new origination may be established anytime in the future by completing a new ACH Origination Agreement.

St. Mary's Credit Union may process adjustment entries in the event an incorrect transaction is posted to my account. I agree to hold St. Mary's Credit Union harmless for any expenses, including fees, assessed as a result of its inability to process a preauthorized transfer due to: incorrect account information provided by me; for its having acted on a stop transfer order; or, for there being insufficient funds in an account I designated.

This authorization will be in full force and effect until St. Mary's Credit Union has received written notice from me of my intent to terminate this authorization and St. Mary's Credit Union has had a reasonable amount of time to act on that termination. St. Mary's Credit Union may terminate this agreement at any time after notifying me in writing at my address of record.

Member Signature _____ Date _____

Member Service Representative _____ Date _____

Branch _____

OVER

FOR INTERNAL USE ONLY

Completed By _____

OFAC _____

Batch # _____

Date Completed _____