



Created by: _____
 Verified by: _____
 Schedule #: _____
 Template ID: _____

ACH Loan Origination Agreement

Member Identification

Member Name	
Member Number	
Loan ID	
Contact Phone Number	
<input type="checkbox"/> New ACH Setup <input type="checkbox"/> Change Financial Institution <input type="checkbox"/> Change Account Number <input type="checkbox"/> Change Payment Amount	

Payment Information

Payment Amount	
Date of 1 st Payment	

Financial Institution Information

Name	
Routing Number	
Physical Address	
City, State, Zip	

Account Holder Information

Name	
Account Number	
Physical Address	
City	
State	

Savings or Checking (Please attach a voided check)

Method of Identification

Type of Document Used	
Identification Number	
Expiration Date	

NOTE: For same month processing authorization must be received 15 business days prior to above transaction date.

I hereby authorize AEA Federal Credit Union to initiate debit entries and if necessary adjustment entries from my account identified at the Financial Institution named above and to credit the same to my account at the Credit Union. This authorization is to remain in full force and effect until my loan is paid in full or if it is withdrawn by me by completing a Written Statement of Unauthorized Debit – ACH (a fee may apply) or the Credit Union in such time and in such a manner as to afford The Credit Union and Depository a reasonable opportunity to act on it. This agreement shall be effective when signed below or in counterpart, and photocopy, facsimile, electronic or other copies shall have the same effect for all purposes as ink-signed original. I agree the Credit Union and its employees have no liability to me for their failure to complete the above authorized transactions in the event (a) I do not have available funds in any identified account to make the transaction, (b) the necessary data from the debiting institution is not timely received, is incomplete or is erroneous, (c) unforeseen circumstances or circumstances beyond the Credit Union's control (such as fire, flood, or other natural disaster) prevent or delay the transaction or (d) if this form is not completed properly or if any of the information I have provided on this form is incorrect. I additionally acknowledge there will be an insufficient funds fee added to my principal balance in the event of an insufficient funds notice from the debiting Financial Institution

Signature(s)	
Contact No.	
Date	
AEA FCU Employee Signature:	Teller Number: