

# ACH Origination Agreement

Select the option that applies:

New ACH Setup       Modify       Cancel

## PRIMARY MEMBER INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Member Number: \_\_\_\_\_ Credit to  Loan \_\_\_\_\_ or  Share \_\_\_\_\_

## FINANCIAL INSTITUTION INFORMATION

Complete the following fields:

Name of Financial Institution: \_\_\_\_\_  
Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Name on Account: \_\_\_\_\_  
Type of Share:  Savings or  Checking  
Payment/Transfer Frequency:  Monthly  Weekly  
Payment/Transfer Amount: \_\_\_\_\_ Date of 1<sup>st</sup> Payment/Transfer: \_\_\_\_\_

NOTE: For same-month processing, authorization must be received 15 business days prior to the above transaction date. If the payment falls on a nonbanking day, the debit will process on the next available banking day.

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 This authorization is to remain in full force and effect until my loan is paid in full or until it is withdrawn by me via verbal and/or written notice to the Credit Union or completion of the ACH Origination form to cancel, either of which must be provided within 3 banking days of the next payment date. This agreement shall be effective when signed below or in counterpart, and photocopy, facsimile, and electronic or other copies shall have the same effect for all purposes as the 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 a returned item fee assessed in the event of a returned item from the debiting financial institution.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR CREDIT UNION USE ONLY

AEA FCU Employee Signature: \_\_\_\_\_ KeyStone User ID: \_\_\_\_\_

If completing this form outside of KeyStone, scan the completed document to FastDocs.