



Automatic Transfer and Payment Request

(ACH Origination)

Last Name		First Name		Middle Name	
UCU Member No.			Contact Phone Number		
Depository Name (Name of Financial Institution)		Routing Number (9 digits)		Account Number	

AUTHORIZATION (check which applies): Initial Deduction Cancellation Stop Until Date _____

CHANGE TO (check which applies): Amount Depository Institution Deduction Date (Current Date) _____

INITIAL/NEW DEDUCTION DATE: _____ (Please allow 5 business days from the deduction date for this request to take effect)

Transfer Request #1			
<input type="checkbox"/> Loan payment amount or <input type="checkbox"/> Amount \$	To UCU Account	Account Type Share / Loan	To Suffix Number
Transfer Request #2			
<input type="checkbox"/> Loan payment amount or <input type="checkbox"/> Amount \$	To UCU Account	Account Type Share / Loan	To Suffix Number
Transfer Request #3			
<input type="checkbox"/> Loan payment amount or <input type="checkbox"/> Amount \$	To UCU Account	Account Type Share / Loan	To Suffix Number
Cancellation Request			
Date to Cancel Transfer	<input type="checkbox"/> Loan payment amount or <input type="checkbox"/> Amount \$	UCU Account	Account Type Share/Loan Suffix Number

AUTHORIZATION AGREEMENT

As a convenience to me, I hereby authorize University Credit Union, hereinafter called UCU, to initiate debit and/or credit entries to my account indicated above and at the depository named above, hereinafter called DEPOSITORY, to debit and/or credit the same to such account. I agree that my DEPOSITORY'S rights regarding each such debit shall be the same as if it were a check drawn on my DEPOSITORY and signed personally by me. This authority is to remain in full force and effect until UCU and the DEPOSITORY have received a written notification from me of its termination in such time and in such manner as to afford UCU and the DEPOSITORY a reasonable opportunity to act on it.

I, the undersigned, hereby attest that the voided check used to initiate my preauthorized ACH debit and/or credit is from my account. I have read this disclosure statement and my signature herewith acknowledges receipt of same. I further authorize UCU to change my ACH debit/and or credit when requested by me OR when/if the loan payment amount(s) change. I understand that a fee will be charged in the event my ACH debit and/or credit is returned due to NSF or closed account where access is denied. (see "Schedule of Fees and Charges" for fee amount(s)) I further understand that the fee will be waived if UCU was notified of the closed account at least five (5) business days prior to the access date. I authorize UCU, if it so chooses, to resubmit a debit returned for the reason of insufficient funds and to originate a second debit transaction for the amount of the fee as specified in the "Schedule of Fees and Charges". This agreement is signed with the full knowledge that preauthorized ACH transactions are not required as a prerequisite to loan approval. I understand that transfers will stop automatically when my loan is paid off. All other transfers will continue until UCU is notified by me on a specified form to stop said transfer.

Member Signature _____ **Date** _____

Other Account Owner Signature _____ **Date** _____

To transfer to another member's UCU account, the owner of that account must sign this form to initiate the request. UCU cannot reverse a distribution between two separately owned accounts without the written approval of both the sending and receiving parties.

UCU Use Only:	Received By (Teller #)	Date	Completed by
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