



The Friendly place to bank.

Recurring ACH Origination Authorization Form

Date: _____ Employee Initials: _____

Account #: _____ Member(s) name: _____

[] This ACH Origination is for a credit to my Community Resource account from another Financial Institution.

[] This ACH Origination is for a debit from my Community Resource account to another Financial Institution.

Note: Funds on deposit will be held in the account three (3) business days prior to the posting date

Amount of ACH Origination: \$ _____

Frequency: (Check one) [] Weekly [] Bi-Weekly [] Semi-Monthly [] Monthly [] One-Time

Name of Financial Institution _____

Acct # at other Financial Institution _____ ABA /Routing # _____

Account type at other Financial Institution: (Check one) [] Checking [] Savings [] Loan

Effective Date of First ACH _____ (5 business days are required to set up first recurring transaction)

IMPORTANT NOTICE- This authorization will remain in effect until stopped in writing by member.

I (we) hereby authorize Community Resource FCU, hereafter called COMPANY, to initiate debit/credit entries to my (our) account indicated above at the financial institution named above, hereafter called Institution, and to debit/credit the same such account as indicated below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law. Authorization will require funds to be available in the account. I understand that this written authorization must be received by Community Resource FCU (CRFCU) five (5) business days prior to the date of the first scheduled transfer of the debit or credit to my CRFCU account.

Account at Community Resource FCU (Check one): [] Share - Suffix: _____ [] Loan - Suffix: _____

This authorization will remain in full force and effect until COMPANY has received written notification, 5 days in ADVANCE, from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and institution a reasonable opportunity to act on it.

NOTE: ALL DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Entries returned due to non-sufficient funds or paid using any available Courtesy Pay limits will be charged a fee as set forth in CRFCU's Fee Schedule. By signing below you also authorize Community Resource to initiate a one-time fee of \$30 if the item is returned to us un-paid and there are no funds on deposit at CRFCU in which to collect this fee. If the amount was applied to a loan, the payment will be reversed and you will be responsible for making other payment arrangements.

Member's Signature _____ Date _____

Daytime Phone Number _____ Evening Phone Number _____

Back Office Use Only

Date Received: _____ Date Processed: _____ Emp Initials: _____ OFAC Check: []

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