

The Friendly place to bank.

RECURRING ACH CHANGE FORM

MEMBER INFORMATION

Member Name: _____ Employee Initials: _____

Account Number: _____ Phone Number: _____

ACH ORIGATION INFORMATION

Please check one of the following:

This ACH Origination is a **credit** to my CRFCU account from another Financial Institution

This ACH Origination is a **debit** from my CRFCU account to another Financial Institution.

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

Account credited/debited at Community Resource FCU: (Select one)

Share – Share suffix: _____ Loan – Loan suffix: _____

Frequency: Weekly Bi-Weekly Semi-Monthly^{1st/15th} Semi-Monthly 15th/30th Monthly
 (Select One)

Amount of Origination: \$ _____ Financial Institution Name: _____

I understand that this written authorization is to make changes to my original ACH Origination form and must be received by Community Resource FCU (CRFCU) **five (5) business days** prior to the date of the scheduled transfer of the debit or credit to my CRFCU account.

Member Signature _____ Date _____

CHANGES TO BE MADE (Select all that apply)

- Decrease the amount from \$ _____ to \$ _____
- Increase the amount from \$ _____ to \$ _____
- Change the suffix from _____ to _____
- Change the date from _____ to _____
- Frequency: Weekly Bi-Weekly Semi-Monthly^{1st/15th} Semi-Monthly 15th/30th Monthly New Start Date: _____
(Select One)
- Financial Institution name: _____
- Acct # at other Financial Institution _____ ABA/Routing # _____
- Account type at other Financial Institution: Checking Savings Loan
(Select One)

Back Office Use Only

Date Received: _____ Date Processed: _____ Employee Initials: _____

For Semi-Monthly Payments Only – Two Recurring ACH's Entered

518.783.2211 phone



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Federally Insured by NCUA | NMLS# 779828

518.783.2266 fax

