



The Friendly place to bank.

RECURRING ACH ORIGATION AUTHORIZATION FORM

Account #: _____

Employee Initials: _____

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: [] Weekly [] Bi-Weekly [] Semi-Monthly 1st/15th [] Semi-Monthly 15th/30th [] Monthly [] One-Time
(Check one)

Name of Financial Institution _____

Account Number: _____

ABA/Routing Number: _____

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)

I (we) hereby authorize Community Resource FCU (CRFCU) 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 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 effect until CRFCU 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 CRFCU 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 will be charged a fee as set forth in CRFCU's Fee Schedule. By signing below, you also authorize CRFCU 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 _____

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

