

ACH ORIGINATION FORM | PAGE 1 OF 1

CONFIDENTIAL

Name _____

Signal Financial FCU account number _____

Daytime phone number _____

Please provide the following information about the account and financial institution to be debited

(Please attach a voided check from the institution from which the funds are to be debited.)

Name of Financial Institution _____

Phone number _____

Address _____

City _____ State _____ ZIP Code _____

Routing & Transit # _____ Account# (OTHER INSTITUTION) _____ Savings Checking

Debit the above account for a total of \$ _____ Recurring One Time

Date of recurring transfer _____ One time Weekly Biweekly Monthly Semi-monthly

Start date _____ End date _____

Distribution Instructions

Signal Financial FCU Account # _____ Loan ID _____ \$ _____
AMOUNT

Signal Financial FCU Account # _____ Loan ID _____ \$ _____
AMOUNT

I hereby authorize Signal Financial Federal Credit Union to initiate or revoke debit or credit entries to or from the account indicated above directly through the Electronic Payment Network. This authorization will remain in effect until written notification is received from me to terminate the authorization. It is my understanding that this authorization may also be revoked by notification by the receiver and as described in the rules and regulations specified by the NACHA (National Automated Clearing House Association). I hereby agree to indemnify and hold harmless Signal Financial FCU from and against all claims that may arise against it by reason of acting pursuant to the foregoing authorization and agreement. I also understand if my selected date falls on a weekend or holiday the transaction will be processed on the next business day.

This service is optional at Signal Financial FCU discretion and offered to members with accounts in good standing.

MEMBER'S SIGNATURE

DATE

FOR CREDIT UNION USE

Date Rec'd _____ Processed By # _____ Date Processed _____