

**ACH ORIGINATION AUTHORIZATION FORM**

**TRANSFER INFORMATION:**

\_\_\_\_\_\_\_\_\_\_ Please **DEPOSIT to** my FLHC FCU account by withdrawing funds from the financial institution named below (both accounts must be in the FLHC FCU member’s name). I authorize that institution to initiate debit entries to my account as indicated below.

\_\_\_\_\_\_\_\_\_\_ Please **WITHDRAW from** my FLHC FCU account and send funds to the other financial institution named below.

**DATE TO BEGIN:** (must be at least 7 days in advance) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FREQUENCY:** Weekly Biweekly Monthly One Time ($5 fee per transfer)

**FLHC FCU INFORMATION:**

Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Savings Checking

Transfer Amount: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OTHER FINANCIAL INSTITUTION INFORMATION:**

Financial Institution Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Institution Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on Account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing #: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ Savings Checking

Account #: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

I hereby authorize Finger Lakes Health Care Federal Credit Union to transfer funds, as listed above, between my accounts at FLHC FCU and another financial institution and, if necessary, to make adjustments for any errors. FLHC FCU will be responsible for the transfer in accordance with this authorization. If my selected date falls on a weekend or holiday, I understand that the transaction will be processed on the next business day. Once a transfer has been made to/from another financial institution, FLHC FCU will have no further responsibility for the credit or debit of such funds. This authorization will remain in effect until FLHC FCU has received written notice of cancellation. I further understand and agree that in order for FLHC FCU to make any automatic transfers per this Authorization Form, the full amount must be available in my account. If this full amount is not available, I may be assessed an NSF/Return fee (as noted in the FLHC FCU fee schedule). If this transfer is intended for a loan payment and funds are not available, I will still be responsible for the missed payments, per the loan contract. This automatic transfer agreement may be cancelled in the event that funds are not available for transfer.

My signature below acknowledges that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

*Payments to loans: Biweekly or monthly transfers to FLHC FCU for the purpose of paying an FLHC FCU loan will cease once the loan is paid in full. The last payment amount may be different from the amount I authorize on this form due to interest and payments paid throughout the history of the loan.*

*OFAC \_\_\_\_\_\_*

*Alloya \_\_\_\_\_\_*

(Member Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Is the purpose of this transfer to pay a biweekly/monthly FLHC FCU loan? (Y/N)