



ACH LOAN ORIGATION AUTHORIZATION FROM EXTERNAL FINANCIAL INSTITUTION

I, (print name) _____, hereby authorize Credit Union of the Rockies, hereinafter referred to as Credit Union, to initiate this DEBIT entry to withdrawal the amount specified from the account at the financial institution named below, hereinafter called FINANCIAL INSTITUTION, and CREDIT my Credit Union account as instructed. I acknowledge that the origination of ACH transactions involving my accounts must comply with the provisions of U.S. law.

This is a MINIMUM MONTHLY PAYMENT REQUEST:

Date funds are to be withdrawn monthly from FINANCIAL INSTITUTION (M/D/Y): _____/_____/_____.

This is for a specific MONTHLY PAYMENT REQUEST: \$_____.

Date funds are to be withdrawn monthly from FINANCIAL INSTITUTION (M/D/Y): _____/_____/_____.

This is a PREVIOUS STATEMENT BALANCE PAYOFF FOR CREDIT CARDS ONLY REQUEST:

Date funds are to be withdrawn monthly from FINANCIAL INSTITUTION (M/D/Y): _____/_____/_____.

This is a CANCELLATION REQUEST:

Date funds are to stop being withdrawn from FINANCIAL INSTITUTION (M/D/Y): _____/_____/_____.

This authorization is to remain in full force and effect until Credit Union has received written notification from me of its termination in such a time and manner, at least 5 business days prior to the transaction, as to afford Credit Union and FINANCIAL INSTITUTION a reasonable opportunity to act on the request.

FINANCIAL INSTITUTION FROM WHICH FUNDS ARE BEING WITHDRAWN:

FINANCIAL INSTITUTION NAME: _____

R&T _____ ACCOUNT NUMBER _____

ACCOUNT TYPE: CHECKING SAVINGS

NAME ON ACCOUNT: _____

MUST BE FILLED OUT BY MEMBER, STAFF CANNOT FILL THIS OUT ON BEHALF OF MEMBER TO SIGN.

CREDIT UNION ACCOUNT INFORMATION TO BE CREDITED

MEMBER NAME: _____

ACCOUNT NUMBER: _____ LOAN ID # _____

I acknowledge that the funds will be deposited into the designated account at Credit Union the business day following the date of withdrawal indicated above. By signing below, I am giving Credit Union of the Rockies a Limited Power of Attorney to commence, increase, decrease or terminate this origination upon written or verbal request from me. I understand that it is my responsibility to maintain a balance in the above accounts to enable the transfer to be successfully made on the date indicated. I am aware that I will be assessed a fee if a successful transfer cannot be made in accordance with my instructions (see credit union fee schedule). This authorization may be unilaterally terminated in the case of excessive returns, account abuse, or as otherwise warranted by Credit Union. When the scheduled payment date falls on a weekend or holiday, I authorize Credit Union to process this entry on the business day before such weekend or holiday.

Member's Signature _____ Date: _____

Received by Teller # _____ Initials _____

