

ACH ORIGINATION FORM

- New ACH
 Change Existing ACH

Member Name: _____

Member Number: _____

I hereby authorize **Henrico Federal Credit Union (HFCU)** to initiate *automatic electronic fund transfer debit* entries to my (our) account indicated below from the depository financial institution named below.

This authorization is to remain in full force and effect until HFCU has received notification, in writing, from me (or either of us) of its termination in such time and in such manner as to afford HFCU a reasonable opportunity to act on it. Should funds be applied directly to a loan with HFCU, at which time that this loan has been paid in full, the funds will be deposited into my Share (SI) savings account. If the funds are applied directly to a loan, should the payment change, I (we) authorize HFCU to adjust the amount of the debit to reflect the loan's current loan payment. HFCU reserves the right to revoke this agreement at any time, specifically when an ACH item has been returned for insufficient funds.

I hereby acknowledge that I have received, read and agree with HFCU's **Electronic Funds Transfer Agreement and Disclosure**.

Name of Other Financial Institution:			
ABA / Routing & Transit Number:		Account # at Other Financial Institution:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Start Date ¹ :		Amount:	\$
Frequency:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	HFCU Account # & Suffix:	<input type="checkbox"/> Loan <input type="checkbox"/> VISA

Signature(s)	Date
Print Name(s)	Day Time Phone () -

¹Allow two weeks prior to initial start date for ACH to be established.

CREDIT UNION USE ONLY	
Employee Name:	