

# ACH Origination Authorization Form

\*\*\*Important Note: For accuracy purposes, ACH Request forms must be typed (not handwritten)

NEW	<b>Amount</b>	<b>Frequency</b>	<b>Transfer Date</b>
CHANGE			
CANCEL	\$ _____	_____	_____

**SAME DAY/NEXT DAY ACH**

**YOLO FEDERAL CREDIT UNION INFORMATION**

Member Name \_\_\_\_\_ CREDIT YOLO FCU \_\_\_\_\_ Member Account Number/Account Type \_\_\_\_\_

Member Address \_\_\_\_\_ DEBIT YOLO FCU \_\_\_\_\_ Member Daytime Phone Number \_\_\_\_\_

**EXTERNAL FINANCIAL INSTITUTION INFORMATION**

Financial Institution Name \_\_\_\_\_ Financial Institution Routing Number \_\_\_\_\_

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

Accountholder Name \_\_\_\_\_ DEBIT EXTERNAL \_\_\_\_\_ Financial Institution Account Number/Type \_\_\_\_\_

\_\_\_\_\_ CREDIT EXTERNAL \_\_\_\_\_ SAVINGS  
CHECKING  
LOAN

**AUTHORIZATION AGREEMENT**

I hereby authorize YOLO FEDERAL CREDIT UNION to initiate transactions to my account at the financial institution listed above, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until I notify YOLO FEDERAL CREDIT UNION in writing at least three days prior to the proposed effective date of the termination of the authorization to afford YOLO FEDERAL CREDIT UNION and the financial institution named below a reasonable opportunity to act on it. I hereby agree to indemnify and hold harmless YOLO FEDERAL CREDIT UNION from and against all claims that may arise against it by reason of acting pursuant to the foregoing authorization and agreement or for failure to perform the transaction due to power outages, computer malfunctions, acts of God, acts of war or natural disasters. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US law.

For debits to other Financial Institutions, I attest that I, the undersigned member, own the account listed above and the external account in which I am debiting. Yolo Federal Credit Union may require proof of external account ownership.

**Member Signature Required**

**Today's Date**

\_\_\_\_\_

Received Member Information (Staff Initials/Operator #)

Date Received

\_\_\_\_\_

\_\_\_\_\_

Origination Authorization Loaded in System (Staff Initials/Operator #)

Date Loaded

\_\_\_\_\_

\_\_\_\_\_

Call Back Number (ACH over 10,000): \_\_\_\_\_