

ACH/EFT ORIGINATION AGREEMENT

Incoming Entries

For security purposes, please return this form in person or by mail.

Do not send it by email.

☐ New ☐ Change Amount ☐	Change Frequency Change Institution	☐ Change Loan # ☐ Change Date	
I, (we) (hereinafter, Beach Municipal FCU) t	(hereinafter, me or company) au o originate Electronic Fund Transfers (EFT) fr	uthorize Beach Municipal Federal Credit Union rom	
Institution Name		Institution Address	
authorization replaces all previous au	uthorizations that I may have made. **If the diners for said account. Documentation must be on	n requested frequency until revoked by me in writing. The debiting account is a business account, Beach Municipal FCU recount the debiting financial institution's letterhead and the comparate	quires
Select the Frequency of the Transaction:		DISCLOSURES AND IMPORTANT INFORMATION	
☐ Weekly ☐ One-time Only ☐ Monthly ☐ Bi-Weekly ☐ Semi-Monthly (and of each month) ☐ Monthly-Last day of the month		Your rights and responsibilities under the law are outlined in the Federal Reserve Board's Regulation E that governs a variety of electric transactions. In general, you are protected from loss providing you are responsible in reading your account statements and reporting any problems and errors promptly. You were provided with a Regulation E disclosure when you	
Choose account type: Savings Checking Routing Number: (9 digits)		opened your account with us. If we do not complete a transaction to or from your accounts on time or in the correct amount according to our agreement with you, we will be liable for your losses or damages. However, there are some	
Account/MICR Number:		exceptions. We will NOT be liable for the following: Through no fault of ours, you do not have	
To: Beach Municipal FCU Choose account type: Loan Draft ID Last four of Credit Card #		enough money in your account to make the transactions. The money in your account is subject to an uncollected funds hold, legal process or any other encumbrance or agreement restricting a transaction. If you do not have sufficient funds available through overdraft protection. If circumstances beyond our control (such	
Member Name:		15 Days advanced notice required to process initial setup, changes and revocation.	
By signing below, I certify all information is true and correct to the best of my knowledge.		In the event that non-payment of this debit is received back to Beach Municipal FCU, the Credit Union reserves the right to impose a \$30 insufficient funds fee to the above listed Beach Municipal FCU member number.	
AGREEMENT:		Should the status of this loan be past due, a \$5 processing fee will be added to the loan payment amount being transferred from the debiting institution.	
Authorized Signer:	Date:	Beach Municipal FCU will not reinitiate prenotes if returned by RDFI because they cannot accept those entries.	
Employee Signature:	Date:	When selected date is a holiday, items will be processed next business day.	
PLEASE ATTACH A COPY OF VOIDED CHECK TO THIS FORM. THE ORIGINAL FORM MUST BE SUBMITTED TO ACH DEPARTMENT WITH VOIDED CHECK OR DEPOSIT TICKET.		In the event that Beach Municipal FCU deposits/withdraws funds erroneously into my account, I authorize Beach Municipal FCU to reverse the transaction on my account for an amount not to exceed the original amount of the erroneous credit.	
Back Office Use Only Added By Teller#:	Date:		
Approved by Teller#:			