



4141 NW Expressway, Suite 200
Oklahoma City, OK 73116
405.879.5600 | 800.522.3535

ACH Origination Form

Communication Federal Credit Union offers members a more convenient way to make deposits or loan payments. It's called ACH Origination and is used to schedule certain transactions to be made automatically:

- * No checks to write
- * No envelopes to address
- * No postage cost
- * No worry about lost payments or mail delays
- * Convenience of making transfers when out of town
- * Eliminates late payments and resulting charges
- * Reduces transaction time

HOW ACH ORIGINATION WORKS

When you enroll in ACH Origination, the credit union will automatically transfer the amount you specify to the account/loan you choose from an outside financial institution. The automatic transfer will appear on your statement. You may select a date from the 1st to the 28th day of each month for the ACH to occur. If, at any time, you wish to stop paying by automatic transfer, simply telephone or write using the contact information listed above.

IT'S EASY TO ENROLL

The only requirement for enrollment in ACH Origination is that you have a checking account at another financial institution. A similar plan is available for members whose checking account is with the credit union. Simply complete the authorization form below, return the form along with a **voided check from the other financial institution to the credit union**. It will take about two weeks to set up an ACH Origination. If you are using ACH Origination for a loan payment and it is due within two weeks, please make payment arrangements, as the ACH Origination will not commence until the following month.

DETACH AND MAIL THE BOTTOM PORTION TO THE CREDIT UNION TO ESTABLISH YOUR ACH ORIGINATION

ACH ORIGINATION AUTHORIZATION

Return form to: Communication Federal Credit Union
4141 Northwest Expressway, Suite 200, Oklahoma City, OK 73116-1675
For additional information, please call 405.879.5600

Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

CFCU Member Number: _____ Amount: \$ _____ Date to begin: _____

Deposit – Savings or Checking Number: _____ Loan Payment – Loan Number: _____

Frequency: Monthly Semi-Monthly (1st & 16th) Semi-Monthly (15th & last day of month) Bi-Weekly Weekly

Information on other Financial Institution where funds will be transferred from:

New ACH Change Current ACH

Financial Institution: _____ Routing Number: _____

Account Type: Savings Checking Account Number: _____

IMPORTANT: PLEASE RETURN A VOIDED CHECK WITH THIS FORM TO ENSURE ACCURATE PROCESSING.

I authorize Communication Federal Credit Union to perform the above indicated ACH transaction on my account at the listed financial institution. The origination of ACH transactions to my account must comply with the provisions of U.S. Law. In making this authorization, I agree to all the terms and conditions of this authorization. I understand that an ACH returned for any reason will be assessed a fee of \$25 for each occurrence.

Date: _____

Signature: _____

Office Use Only Branch Number: _____ Teller Number: _____ Date Submitted: _____