



**Consumers Credit Union  
ACH Origination Agreement**

(Attach a deposit slip or voided check from Financial Institution if available)

I, \_\_\_\_\_, an authorized accountholder on the below referenced accounts, hereby authorize **Consumers Credit Union (CCU)** to initiate the following debit or credit entries to my account(s) indicated below at the depository financial institution named below, hereafter called **FINANCIAL INSTITUTION**, and debit or credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply under the rules of the National Automated Clearing House Association (NACHA) and with the provisions of U.S. law. Further, I understand this Agreement supplements the other terms, conditions and related disclosures associated with my account at CCU, which I have previously received and agreed to.

Authorization will require funds to be available in the account prior to origination to allow reasonable time for processing on the requested date. Entries returned due to non-sufficient funds or paid using Over-Draft Privilege may be charged a fee, as set forth in CCU's Fee Schedule. This authorization will remain in full force and effect until CCU has received written authorization of its termination in such time and manner as to afford CCU and the named **FINANCIAL INSTITUTION** a reasonable opportunity to act upon it. CCU reserves the right to revoke this Agreement.

**START**     
  **STOP**     
  **CHANGE**

<b>ACH DEBIT AUTHORIZATION</b> (transfers from other institution to CCU)	
<b>FINANCIAL INSTITUTION</b> (to be debited):	
Financial Institution Name _____	
City/State/Zip _____	Routing Number _____
Account Number _____	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Effective Date of First Debit* _____	Total Debit Amount \$ _____
Frequency of Debit:	<input type="checkbox"/> One Time Debit – What day: _____ <input type="checkbox"/> Weekly – What weekday (M-F): _____ <input type="checkbox"/> Bi-Weekly – What dates/weekday (M-F): _____ <input type="checkbox"/> Monthly – What date _____
CCU (to be credited):	LOAN Account Number: _____

**Disclaimer**

CCU will make every effort to process, transmit or settle entries in a timely manner and in accordance with NACHA operating rules. Transfers occur Monday through Friday. If the date of the transfer falls on a Holiday or a weekend, the transfer will go out the next processing day. If balance is less than Total Debit Amount, the remainder will be posted to savings. From time to time, CCU may need to temporarily suspend processing of a transaction, which might result in delayed settlement and/or availability of entries. We will not be liable, for instance, if:

- Your account has insufficient funds to complete the transfer;
- The funds are subject to legal processes or other encumbrances restricting such transfer; or
- Such transfer would exceed an established credit limit.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SSN/TIN

\_\_\_\_\_  
Phone Number

**FOR CREDIT UNION USE ONLY:**

Authorization Taken by \_\_\_\_\_ Branch Location \_\_\_\_\_ Date \_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_\_

**Phone: 877 ASK CCCU (877.275.2228) - Mailing address: 1075 Tri State Parkway, Suite 850; Gurnee, IL 60031  
For Service Center locations, please visit our website at [www.myconsumers.org](http://www.myconsumers.org)**