ACH/EFT Origination Form

□ NEW □ CHANGE AMOUNT □ CHANGE FREQUENCY □ CHANGE DATE □ CHANGE INSTITUTION □ STOP

I, _____ (hereinafter, me or member) **authorize** Ohio
Member Name
HealthCare FCU to originate Electronic Funds Transfers (EFT)

from_____.
Financial Institution Name

Beginning on _____ in the amount of $_____
MM/DD/YY Amount

and continuing each requested frequency until revoked by me in writing. This authorization replaces all previous authorizations that I may have made. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions on U.S. law.

Select the Frequency of the Transaction:

□ Weekly □Bi-Weekly □One-Time Only
□ Monthly (Specific Date _____ End of Month_____)
□ Bi-Monthly (15th and 30th of each month)

From Institution:

Choose account type: □ Savings □ Checking
Routing Number: _____
9 digits
Account/MICR Number: _____
Institution Name: _____
Name on Account: _____

To Institution:
(Loans with OHCFCU, funds must be deposited into a savings or checking before distributing to a loan.)

Choose account type: □ Savings □ Checking
□ Loan □ Visa
Routing Number: _____
9 digits
Account/MICR Number: _____
Name on Account: _____

Agreement:

Effective Date: _____
Member: _____
Signature
HCUS Employee: _____
Signature
Branch: _____
Date: _____

******Please include a VOIDED check with completed form******

This form must be completed entirely before submitting to Accounting before processing.

Disclosures and Important Information

Your right and responsibilities under the law are outlined in the Federal Reserve Board's Regulation E that governs a variety of Electronic 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 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 exceptions. We will NOT be liable for the following:

- ✓ Through no fault of ours, you do not have 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 as fire or flood) prevent the payment or transfer, despite reasonable precautions that we have taken.

15 Days advanced notice required to process initial Setup, changes and revocation.

Funds coming into Ohio Health Care FCU from another institution for a loan payment will be deposited to the member's savings account. Auto Distribution will transfer the payment for Ohio Health Care FCU loans.

When selected date is a holiday, items will be processed the prior Business day.

In the event that Ohio Health Care FCU deposits/withdraws funds erroneously into my account, I authorize Ohio Health Care FCU to reverse the transaction on my account for an amount not to exceed the original amount of the erroneous credit.

After **TWO** returned items the ACH Origination item will be cancelled.

OHIO HEALTHCARE FEDERAL CREDIT UNION
We Care Because You Care.

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Edited: 4/18