

ACH/EFT Origination Form

NEW CHANGE AMOUNT CHANGE FREQUENCY CHANGE DATE CHANGE INSTITUTION STOP

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

_____. Beginning on

 Financial Institution Name
 _____ in the amount of \$ _____ and continuing each
 MM/DD/YY Amount

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 OHFCU, 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: _____

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.



Dublin Office
 3955 W. Dublin Granville Rd
 Dublin, OH 43017
 Fax: 614-737-6031
 Toll Free: 866-254-4791

Riverside Office
 3445 Olentangy River Rd
 Columbus, OH 43214
 First Floor, Suite 110
 Fax: 614-566-4994
 Toll Free: 866-254-4791

Town & Grant Office
 363 E. Town St
 Columbus, OH 43215
 Fax: 614-246-2050
 Toll Free: 866-254-4791

Akron Office
 1174 Battle Ave
 Akron, OH 44314
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