

# ACH/EFT Origination Form

NEW    CHANGE AMOUNT    CHANGE FREQUENCY    CHANGE DATE    CHANGE INSTITUTION    STOP

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

\_\_\_\_\_. Beginning on \_\_\_\_\_  
Member Name 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 (15<sup>th</sup> and 30<sup>th</sup> 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: \_\_\_\_\_

*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.