

AUTOMATED CLEARING HOUSE ORIGINATION REQUEST

I hereby authorize ONE COMMUNITY FEDERAL CREDIT UNION, hereinafter referred to as Credit Union, to initiate the following transaction to my account at the "OTHER DEPOSITORY FINANCIAL INSTITUTION" indicated below and hereinafter referred to as the Other Depository:

TYPE OF TRANSACTION REQUESTED

<input type="checkbox"/> Deposit (credit)	<input type="checkbox"/> Checking
<input type="checkbox"/> Withdrawal (debit)	<input type="checkbox"/> Savings
<input type="checkbox"/> Payment (credit)	<input type="checkbox"/> Loan

FROM ACCOUNT:

Other Depository Name: _____
City: _____ State: _____
Routing Number: _____ (provide voided ck)
Account Number: _____

TO ACCOUNT:

Member Name: _____ (please print)
Credit Union Account: _____ Share/Loan ID: _____
Amount transferred: _____ Designated day: _____ (i.e. 1st, 2nd, Mon, Tue)
Frequency of transfer: weekly Date 1st Transfer: _____
 bi-weekly
 monthly
 semi-monthly
 other

This authorization is to remain in full force and effect until Credit Union has received written notification from me of its termination in such time (seven days prior to next transfer) and in such manner as to afford Credit Union and Other Depository a reasonable opportunity to act on it.

I certify and agree that by signing this agreement, that funds will be available for transfer at the designated dates of withdrawal, either at Credit Union or Other Depository. I understand and agree that if funds are not available on date of transfer that this agreement will be null and void and will be cancelled by the Credit Union without notice.

Member Signature: _____
Date: _____
CU Representative: _____
Date: _____

CANCELLATION SECTION:

I hereby notify ONE COMMUNITY FEDERAL CREDIT UNION to cancel the transaction described above.

Member Signature: _____
Date: _____
CU Representative: _____
Date: _____

Must attach a voided check to process request