

ACH LOAN PAYMENT AUTHORIZATION

I hereby authorize **Opportunities Credit Union** (hereinafter called "OCU"), to initiate transactions between my account at the financial institution named below, (hereinafter called "Other FI") and my loan account at OCU as per the following instructions. I acknowledge that it is my responsibility to provide accurate routing and account numbers to OCU.

New ACH Origination

Change to Existing ACH Origination

Member Name: _____ Account Number: _____

Daytime Phone Number: _____

Other FI Name: _____

Other FI Routing/ABA #: _____ Other FI Account # _____

Other FI Account Type: Checking Savings/Money Market

Frequency: M-monthly

Amount: _____

Start Date *: _____

* The start date must be *at least* 15 business days after the date in which this agreement is executed.

- ◆ My account at the other financial institution will be debited and funds will be credited to my Opportunities Credit Union loan account. The description for the transaction on my account statement will indicate "Opportunities Credit Union ACH Transfer."
- ◆ If the scheduled date for my transfer falls on a weekend or a holiday, my transaction will occur on the next business day.
- ◆ I acknowledge that it is my responsibility to insure that sufficient funds are on deposit in my account at the other financial institution on my loan payment due date(s) to make the minimum payment(s) due for loans established with automatic ACH payments.
- ◆ In the event that funds are not available in my account at the other financial institution and the entry is returned, Opportunities Credit Union will assess a returned item fee, as stated in our Rate and Fee Schedule. Upon such an occurrence Opportunities Credit Union may, at their discretion, and with written notice to me, discontinue my ability to originate loan payments via ACH.

The authorization is to remain in full force and affect until OCU has received written notification from me of its termination in such time and in such manner as to afford OCU a reasonable opportunity to act on it.

I acknowledge and agree not to originate any ACH payments that violate the laws of the United States.

Member Signature: _____ Date: _____

For OCU Use Only:

Teller Initials: _____ Employee Name: _____ Date: _____

Attach voided check/deposit slip from your account at other financial institution, if available.