



**ACH ORIGATION AGREEMENT – INCOMING
TO MTCU FROM ANOTHER INSTITUTION**

MTCU ACCOUNT INFORMATION

PLEASE CHECK A BOX: New CANCEL Change

MEMBER NAME: _____ DAYTIME PHONE # _____

MTCU ACCOUNT NUMBER: _____

ACCOUNT TYPE (CHECK ONE): SHARE DRAFT LOAN-ID # _____

TRANSACTION AMOUNT: \$ _____

TRANSACTION FREQUENCY (CHECK ONE);

WEEKLY SEMI-MONTHLY *TRANSACTION START DATE _____

BI-WEEKLY MONTHLY

***START DATE MUST BE AT LEAST TWO WEEKS FROM TODAY’S DATE. IF THE REQUESTED POSTING DATE FALLS ON A WEEKEND OR HOLIDAY, THE TRANSFER WILL BE MADE THE FOLLOWING BUSINESS DAY.**

SENDING INSTITUTION INFORMATION

NAME OF FINANCIAL INSTITUTION: _____

ADDRESS (CITY & STATE) _____

ROUTING & TRANSIT (ABA) NUMBER: _____

ACCOUNT NUMBER: _____

NAME ON ACCOUNT: _____

ACCOUNT TYPE (CHECK ONE): SAVINGS CHECKING

PLEASE READ AND SIGN BELOW IF YOU ARE IN AGREEMENT WITH THE FOLLOWING STATEMENTS:

I am an owner of the account at the Sending Institution above and can authorize transactions with the account.

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

In the event that funds are not available the morning when an ACH transaction is to settle at another financial institution, the item will be returned as non-sufficient-funds (NSF). I understand that after TWO NSF ACH items, MTCU may, at its discretion, cancel the ACH Origination authorization.

This authorization will be processed as requested above until revoked by member in writing.

MEMBER SIGNATURE _____ DATE _____

For Internal Use

Date: _____

Submitted: _____

Approved: _____

Cancelled Date: _____ Reason: _____

Submitted: _____ Approved: _____