

ACH Origination Authorization Agreement Incoming and Outgoing



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Authorization Agreement for Preauthorized Deposits, Loan Payments or Withdrawals

ACH Origination - Incoming

As a convenience to me, I hereby request and authorize Energy Capital Credit Union to initiate withdrawal entries from my account at the Depository Institution indicated below in order to establish automatic transfer of funds as indicated below. I also authorize the Depository Institution indicated below to withdraw the same from such accounts.

ACH Origination - Outgoing

As a convenience to me, I hereby request and authorize Energy Capital Credit Union to initiate debit entries from my Energy Capital account, payable to the Account/Depository Institution indicated below, in order to establish automatic transfer of funds, provided there are sufficient collected funds in my account to pay such ACH debit.

This authority is to remain in full force until Energy Capital Credit Union and/or Depository has received written notification from me of its termination within 5 banking days before the scheduled date of the debit entry as to afford Energy Capital Credit Union and Depository a reasonable opportunity to act thereon. Your signature below indicates that you accept the terms of the Electronic Funds Transfer Agreement and Disclosure and Member Agreement of ECCU.

I/We understand that it is my total responsibility to have the funds available in the account by the due date of the payment.

I/We understand that if the funds are not available, the Financial Institution is not responsible for any late charges or penalties that I may incur from the creditor.

Complete entire form. Please print legibly.

Financial Institution Information

| | | | |
|-----------------------------------|--|-------------|----------------|
| Depository Institution Name _____ | New | Change Date | Change Amount |
| _____ (must be 9 digits) | <input type="checkbox"/> Checking (attach voided check) | | |
| Routing/ABA Number _____ | <input type="checkbox"/> Savings (attach bank statement or deposit slip) | | |
| _____ Account Number | Name(s) on Account: _____ | | |
| \$ _____ | weekly | bi-weekly | semi-monthly |
| Amount | Frequency Please Select One | | Beginning Date |

Energy Capital Credit Union Member Information

| | | |
|---|------------------------------|------------------|
| Name | Energy Capital Member Number | Telephone Number |
| <input type="checkbox"/> S-Type <input type="checkbox"/> L-Type | | |

I understand that I am in full control of my transfer and if at any time I decide to make a change, I will do so by completing a new Authorization Agreement.

All terms of this agreement are also subject to the terms in the Energy Capital Credit Union Member Handbook, which I have already received. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Member Signature _____ Date _____

FOR USE BY ENERGY CAPITAL CREDIT UNION ONLY

| | | |
|--------------------------|----------------------|--------------|
| <input type="checkbox"/> | Cancel Authorization | |
| Member Signature | Date | |
| Employee Number | Employee Initials | Process Date |
| QC Employee # | QC Employee Initials | Date |