



# ACH ORIGINATION CHANGE REQUEST

**FOR CREDIT UNION USE ONLY**

Date Received	MSR
Date Submitted to Lending	Date Account Noted
Approved By	Date Approved

**Step One - Primary Account Owner's Information**

Name (First, Middle, Last)	Discovery Account Number
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**Step Two - Change Requested (*Select One*)**

<input type="checkbox"/> <b>Change ACH Draft Amount</b>	Current Amount of ACH Draft \$	NEW Amount of ACH Draft \$	Effective Date
<input type="checkbox"/> <b>Change ACH Financial Institution Information</b>	New Financial Institution's Name		Effective Date
	New Account Number	Type of Account <input type="checkbox"/> Savings <input type="checkbox"/> Checking	New ABA/Routing Number
<input type="checkbox"/> <b>Change Frequency/Date</b>	New Frequency <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly	Effective Date Month _____ Day of the Month <input type="checkbox"/> 7th <input type="checkbox"/> 14th <input type="checkbox"/> 21st <input type="checkbox"/> 28th	
<input type="checkbox"/> <b>Place ACH on Hold</b>	Effective Date	Date to Reactivate	
<input type="checkbox"/> <b>Cancel ACH Origination</b>	Effective Date of Cancellation (Must be at least 10 business days prior to the next scheduled ACH draft date)		

**Step Three - Signature**

**NOTE: A 10-day time period is required to pre-note your account. For an ACH Origination return, there will be a \$25.00 fee charged to your account.**

I hereby authorize Discovery Federal Credit Union to update the account referenced above, as applicable, with the new information provided and to initiate debit entries to my account indicated above from the forwarding institution to pay Discovery Federal Credit Union. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law, and are subject to all applicable fees on Discovery Federal Credit Union's fee schedule. This authorization is to remain in effect until Discovery Federal Credit Union has received written notification from me of its termination in such time and in such manner as to afford Discovery Federal Credit Union a reasonable opportunity to act on it. I acknowledge that both the forwarding institution and Discovery Federal Credit Union reserve the right to terminate this payment plan and/or my participation therein.

Signature of Primary Account Owner \_\_\_\_\_ Date \_\_\_\_\_