



# ACH ORIGINATION AUTHORIZATION AGREEMENT

## FOR CREDIT UNION USE ONLY

Date Received	MSR
---------------	-----

### Step One - Primary Owner's Information

Name (First, Middle, Last)		Member Number	Share ID / Loan ID
Mailing Address	Apt. No.	City	State Zip
Daytime Phone No.	Evening Phone No.	Mobile Phone No.	E-mail Address

### Step Two - Transaction Information

Name of Financial Institution	ABA/Routing Number	
Type of Account <input type="checkbox"/> Savings - Account No. _____ <input type="checkbox"/> Checking - Account No. _____		
Amount	Frequency <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly  <small>Bi-Monthly means every other month (6x/year).          Semi-Monthly means twice per month (24x/year).          Bi-weekly means every other week (26x/year).</small>	Start Date Month _____ Day _____ <small>List two days if semi-monthly is selected</small>

### 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 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 Owner \_\_\_\_\_

Date \_\_\_\_\_