Lock Form-Not Sigs | Print Form | Submit Form | Clear Fields

ACH Origination Authorization Agreement
Incoming and Outgoing

ENERGY CREDIT UNION CAPITAL
Fax: 832 604 2153 Email: mrc@eccu.net

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) ☐ Checking (attach voided check)
Routing/ABA Number ☐ Savings (attach bank statement or deposit slip)

/ / / / / / / / / / / / / / / / / Name(s) on Account: _____
Account Number

$ ☐ weekly ☐ bi-weekly ☐ semi-monthly ☐ monthly
Amount Frequency Please Select One Beginning Date

Energy Capital Credit Union Member Information

Name	Energy Capital Member Number	Telephone Number

☐ S-Type ☐ 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

Employee Number	Employee Initials	Process Date	QC Employee #	QC Employee Initials	Date

☐ **Cancel Authorization**

Member Signature Date

Employee Number	Employee Initials	Process Date	QC Employee #	QC Employee Initials	Date