



ACH Origination Agreement

<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change to an existing Origination Authorization
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<input type="checkbox"/> Recurring (Maximum \$10,000)	<input type="checkbox"/> One Time (Maximum \$25,000)
*Recurring– you authorize AAEC Credit Union to make regularly scheduled transactions to/from your other institution listed below. You will be debited or credited the amount indicated below for each transaction.	
*One (1) Time– You authorize AAEC Credit Union to initiate a one-time transaction to/from your other institution listed below.	

<input type="checkbox"/> Funds to AAEC Credit Union from another financial institution <input type="checkbox"/> Funds from AAEC Credit Union to another financial institution AAEC Account Number and Suffix _____ Amount to Withdraw \$ _____ If funds are applied directly to a loan and the payment changes, I authorize AAEC to adjust the amount to reflect the current loan payment.	<input type="checkbox"/> 1 st of Every Month <input type="checkbox"/> 15 th of Every Month <input type="checkbox"/> 30 th of Every Month <input type="checkbox"/> Every Other Friday <input type="checkbox"/> 1 st & 15 th of Every Month <input type="checkbox"/> Other/Date _____
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Other Financial Institution

Institution Name: _____

9 digit Routing Number: _____

Account Number: _____

Savings Checking

Please double check all information for accuracy
Any errors will cause delays in the posting of your transaction.

ACH Transaction will be posted on Monday through Friday with the exception of Federal Holidays. ACH transactions scheduled for processing on a date that falls on a Saturday, Sunday, or Federal Holiday will be posted to your account on the following business date. Example: If your ACH transaction is scheduled for the 15th and that date is a Saturday, Sunday or a Federal Holiday, the transaction will be posted to your account the following business day.

I, _____, authorize AAEC Credit Union to originate a transaction per the above instructions. I attest that the above information is true and correct and that I am authorized to initiate transactions to or from the above account and will not dispute these transactions with my financial institution so long as the transactions correspond to the terms indicated in this authorization form. I am aware, as the "Originator" on this agreement, that this authorization will remain in effect until I cancel it in writing, and that I must notify AAEC Credit Union of any changes or any termination of pre-authorized transactions in writing at least 15 days prior to the next scheduled transaction date. I am aware that funds need to be available in the account prior to origination to allow reasonable time for processing on the requested date and that if my ACH gets returned, a \$25.00 fee will be assessed to my AAEC account. I acknowledge that the origination of ACH transactions to my account must comply under the rules of the National Automated Clearing House Association (NACHA) and with the provisions of U.S. law. Further, I understand this Agreement supplements the other terms, conditions and related disclosures associated with my account at AAEC, which I have previously received and agreed to. AAEC Credit Union reserves the right to cancel this agreement.

AAEC will make every effort to process, transmit or settle entries in a timely manner and in accordance with NACHA operating rules. From time to time, AAEC may need to temporarily suspend processing of a transaction, which might result in delayed settlement and/or availability of entries. AAEC shall be liable only for its gross negligence or willful misconduct in performing these services. We will not be liable, for instance, if: (1) Your account has insufficient funds to complete the transfer; (2) The funds are subject to legal processes or other encumbrances restricting such transfer; (3) Such transfer would exceed an established credit limit; or (4) Circumstances beyond our control (such as flood, fire, computer breakdown) prevent the transfer, despite reasonable precautions we have taken.

Signature _____	Social Security Number _____
Date _____	Phone Number _____

Cancellation

I, _____, authorize AAEC Credit Union to cancel this transaction agreement.

Signature _____	Date _____
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AAEC Office use only ***** If not in person, do a call back and Initial _____

Request received by _____ (Date & Time) _____
Request processed by: _____ / _____ (Date) _____ / _____ <input type="checkbox"/> Attach Photo ID