

Vantria Federal Credit Union
Authorization for ACH Origination
Outgoing

I authorize Vantria Federal Credit Union to originate the following Electronic Fund Transfer:

Account Holder Name:	Vantria FCU Account #	Account Type	Amount\$	Fee See Rate and Fee Schedule for current fee
		<input type="checkbox"/> Checking		

Debit to occur: (Check one*)

- | | |
|--|--|
| <input type="checkbox"/> One time | <input type="checkbox"/> Monthly on the 15th |
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly on the 30th |
| <input type="checkbox"/> Semi-Monthly on the 15 th and 30 th | |
| <input type="checkbox"/> Other _____ (Description) | |

Effective Start Date = _____

The funds are to be withdrawn from the account listed above, for credit to the following account:

Name of Financial Institution:	Account Holder Name:	Routing or ABA Number:	Account/MICR Number	Amount \$

Member Signature _____

Date _____

Employee Signature _____

Date _____

****Please provide copy of voided check for verification of information. This form must be completed entirely and submitted to the Accounting Department for processing. ****

Changes to this ACH origination request MUST be made at least two days prior to the transaction date, due to the ACH processing timeframe.

Please allow two days for funds to post to loans. If the date selected is a holiday or a weekend, the items will be posted on the next business day.

***If other than "One time only" is selected, the transaction will occur at that frequency until VFCU (the Originating Depository Financial Institution) is notified, in writing*, to discontinue or change this transaction request.**

* _____ member's initials

Vantria Federal Credit Union does not send pre-notes. It is the member's responsibility to supply the correct information.