



Austin Telco ACH Originations

Name _____
 New Change Stop

Account # _____
Austin Telco FCU Suffix Share Loan

Frequency
 Weekly Bi-Weekly Monthly *Semi-Monthly Quarterly

Effective Date
_____ Date of First Transaction (*Semi-Monthly Only - Enter Day 1 _____ & Day 2 _____)

Amount
\$ _____

Financial Institution

Name _____ City _____ State _____

Routing Number _____ Account # _____

Savings Checking Loan

Debit Credit

I hereby authorize Austin Telco Federal Credit Union, (ATFCU), to initiate CREDIT/DEBIT entries to the account(s) at the depository financial institution (DEPOSITORY) named below. I acknowledge that the origination of ACH transactions from my ATFCU account must comply with all provisions of U.S. Law. The owner of the depository account must be the same as the credit union member listed above. Notification to DEPOSITORY is required. The Effective Date should be at least 10 days prior to the first transaction. Authorization will require funds to be available in the account prior to origination to allow reasonable time for processing on the requested date. Fees may be charged for any returned item in accordance with our Rate and Fee Schedule. Your Rights and Responsibilities under the law are outlined in the Federal Reserve Board's Regulation E that was provided when you opened your account, or you may request a copy at any ATFCU branch location. This authorization will remain in full force and effect until AUSTIN TELCO has received written notification of its termination in such time and manner as to afford AUSTIN TELCO and the named DEPOSITORY reasonable opportunity to act upon it. Austin Telco reserves the right to terminate this request at any time without notice due to excessive returned unpaid items or to prevent a possible loss to Austin Telco.

I hereby affirm that this information is correct for my electronic ACH debit/credit.

Signature _____ **Date** _____ **Phone** _____

CREDIT UNION USE

TAKEN BY _____ USER # _____ DATE _____ BRANCH _____