

Request Taken By:

## **ACH ORIGINATION AUTHORIZATION**

Member Name			Member Numbe	r
	New	Delete	Change	Account Information
				Date of Draft
				Amount of Draft
From:				Terms and Disclosures
PACU  Other Institution*	Frequency:  Weekly	Advance notice of three business days is required to process initial setup recurring ACH transactions or to make any changes to a scheduled ACH transaction.  Written notification must be received three business days prior to the sche transaction date for Piedmont Advantage Credit Union ("PACU") to cance scheduled ACH transaction.  When the scheduled date for an ACH transaction falls on a holiday or were the transaction will be processed the next business day.		
Account Type:	<ul><li>□ Bi-Weekly</li><li>□ Semi Monthly</li><li>□ Monthly</li></ul>		transaction date for F	Piedmont Advantage Credit Union ("PACU") to cancel any
☐ Checking				·
Routing Number:  Account Number:		authorization, PACU will generally be liable for your losses or damages, with		
		If through no fault of PACU, you do not have enough money in your originating account or sufficient funds available in your originating account through overdraft protection to make the		
Account Holder Name:		scheduled transaction.		
To:  PACU Other Institution*  Account Type & Amount:			funds hold, leg restricting or positive of the circumstance disruption, firm parties) prever the circumstance of the circumsta	n your originating account is subject to an uncollected gal process or any other encumbrance or authorization preventing the scheduled transaction.  The session of the scheduled transaction or expectation of the scheduled transaction or other natural disaster, or actions by third at the transaction despite PACU's reasonable precautions. The scheduled or until and PACU is not provided written notice at least as days before the scheduled transaction.
☐ Savings ☐ Checking ☐ Loan	\$ \$ \$		funds or any other r	action cannot be completed, whether due to insufficient reason, the transaction will not be re-initiated and the next attempted on the next scheduled date.
☐ Loan ☐ Other  Institution Name:	\$		If three consecutive scheduled transactions cannot be completed be insufficient funds in the originating account, all further ACH trans scheduled under this authorization will be cancelled.	scheduled transactions cannot be completed because of the originating account, all further ACH transactions
Account Number:  Routing Number:			accounts, you auth	erroneously deposits to or withdraws funds from any of your norize PACU to reverse the erroneous transaction in an eed the original amount of the erroneous transaction.
Account Holder Name:				
I understand that for a scheduled transaction to occur the account(s) listed above must be my personal account(s).  I hereby agree to the above terms and disclosures and authorize PACU to debit/credit the accounts designated above at the frequency set forth above, beginning on in the amount of				
Signature(Accou	nt holder ACH is originating	from.)	Date	Daytime Phone
Credit Union Use Only				

Date: