

ACH Origination Authorization Agreement for Automated Transfers



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INFORMATION ABOUT THE ACCOUNT AT OUR CREDIT UNION

1

Name of Cyprus Account Owner _____ Phone Number _____ Account Number _____ Today's Date _____

Account Type Checking Savings Loan*

*I agree that if my loan payment amount changes, notice of the new payment amount on my periodic statement or payment advice is sufficient notice of the new payment amount.

INFORMATION ABOUT THE ACCOUNT AT THE OTHER DEPOSITORY INSTITUTION

2

Depository Institution Name _____ Depository Inst. Account No. _____ Routing Number _____ Name on Account _____

Account Type Checking Savings

TRANSFER INFORMATION

3

Amount in U.S. \$ _____

Frequency

One Time _____ (date - mm/dd/yyyy) of transfer

Monthly on the _____ (date) of each month, starting _____ (start date - mm/dd/yyyy)

Semi-Monthly on the _____ (date) and the _____ (date) of each month, starting _____ (start date - mm/dd/yyyy)

Bi-Weekly on _____ (day of the week) every other week, starting _____ (start date - mm/dd/yyyy)

Weekly on _____ (day of the week), starting _____ (start date - mm/dd/yyyy)

AUTHORIZATION FOR THE AUTOMATED TRANSFER

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This authorization is to remain in full force and effect until the Credit Union has received written notice from me at least three days prior to its termination. I acknowledge that the origination of ACH transactions to my account must comply with U.S. law. I understand and agree that in order for the Credit Union to originate the ACH entries requested in this authorization, I must be an owner on the account from which the funds will be taken and I must have the payment amount available in that account.

Transfer requests will be processed on the day requested, unless the scheduled date falls on a weekend or federal holiday. The transfer will then be made on the business day preceding the weekend or holiday.

If the automatic transfer is returned for any reason, including non-sufficient funds, you may assess a fee, as specified in Our Rates & Service Charges schedule. Cyprus Credit Union may attempt to make the transfer two (2) additional times before deeming the transfer as an unpaid return. If the payment returns a third time as unpaid, the automatic transfer will be cancelled.

You have the right to terminate the authorization agreement for any reason.

I authorize you to electronically debit my account and, if necessary, electronically credit my account to correct erroneous debits.

Print Name _____ Signature _____ Date _____

TERMINATION OF THE AUTOMATED TRANSFER

5

I hereby terminate my authorization for the ACH entries described above.

Print Name _____ Signature _____ Date _____

OFFICE USE ONLY	CU Employee Name _____	ID Number _____	Statement Date _____	<input type="checkbox"/> Reviewed
	Notes _____			

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