

## ACH Debit Origination Authorization

I hereby authorize Marin County Federal Credit Union to initiate an Automated Clearing House (ACH) debit entries to my account described below, and to credit the same to my account at MCFCU. The amounts, frequency and additional details of the entries are below. In the event of an error, I authorize MCFCU to make a correcting debit/credit entry as necessary.

Source of Funds		
Name	Daytime Phone	
Financial Institution that the payment is coming from	Routing and Transit Number	
City, State, Zip	Phone Number of Financial Institution	
Type of Account (Circle One)	Account Number at Financial Institution	
Checking Savings		

## **Payment Allocation**

Total Distribution Amount	Start Date	Frequency

Distribution		
Account	Suffix	Amount

This authorization will remain in force until MCFCU receives a written termination notice and MCFCU has had reasonable time to act on the notice. I understand that MCFCU reserves the right to cancel ACH transactions without written consent under certain circumstances. Reasons for MCFCU to cancel an ACH transaction include, but are not limited to: 1. Loan to which the credit is being applied has been paid in full. 2. An ACH payment is returned to MCFCU due to a stop payment or closed account. 3. MCFCU receives an excessive number of payments returned as NSF (non-sufficient funds).

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US law, and that ACH transactions are subject to the operating rules of the National Automated Clearing House Association. I understand and agree in order for MCFCU to make the debit entries requested in this authorization; I must have the payment amount available in my account. Any ACH entries returned for insufficient funds will be subject to a \$25 NSF fee. Returned ACH entries will result in a reversal of the credits/payments posted and a late fee may also be incurred in accordance with the terms of the loan documents. In circumstances where the loan may only have a partial payment due, the credit union will continue to collect the total distribution amount until the loan balance is paid in full. Any excess funds will be credited to your MCFCU savings account.

I (We) acknowledge receipt of a copy of this authorization.

Signature (Primary Owner)

Date

Signature (Joint Owner)

Date

7/2013 REV 3/22

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