

ACH ORIGINATION FORM

RDFI (Other Institution) Information:

Member Name: _____

Routing #: _____

Account #: _____

Account Type:

Transaction Type:

Checking

Debit

Savings

Loan

Credit

Amount: _____

Starting Date: _____

Transaction Frequency:

Weekly

Bi-Weekly

Day or Date: _____

Semi-Monthly

Monthly

Weekend or Holiday:

Before

After

ODFI (C.U.) Information:

Member Name: _____

Member Account #: _____

Account Type:

Transaction Type:

Checking

Debit

Savings

Loan

Credit

Sig: _____ **Date:** _____

MSR: _____ **Date:** _____