



ACH Origination Agreement

<input type="checkbox"/> New ACH Origination	<input type="checkbox"/> Change Origination	<input type="checkbox"/> Stop Origination
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ACH ORIGINATION AGREEMENT

I, _____, authorize Carolina Collegiate Federal Credit Union to originate Electronic Fund Transfers (EFT) from _____ beginning on _____ in the amount of \$ _____.

(Name) (Institution) (Date: mm/dd/yy)

FREQUENCY OF TRANSACTION

<input type="checkbox"/> Weekly on _____ (Day)	<input type="checkbox"/> Monthly on _____ (Date)	<input type="checkbox"/> One Time Only (Must be submitted 1 business day prior to draft)
<input type="checkbox"/> Bi-weekly on _____ (Day)	<input type="checkbox"/> Semi-Monthly on the _____ and the _____. (Date) (Date)	

FINANCIAL INSTITUTION INFORMATION

From Institution:		Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
9 Digit ABA Number:	Account Number:	Name on Account:
To Institution:		Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
9 Digit ABA Number:	Account Number:	Name on Account:

I am aware, as the "Originator" on this agreement, that I must notify Carolina Collegiate Federal Credit Union at least 6 business days before the scheduled draft of any changes or any termination of pre-authorized payment in writing.

Signature _____ Date _____

Member Number _____ Telephone # _____

OFFICE USE ONLY		
Received by: _____	Teller #: _____	Date: _____
Processed by: _____	Teller #: _____	Date: _____

Mail or deliver to:
 4480 Rosewood Drive, Columbia, SC 29209
 710 Pulaski Street, Columbia, SC 29201
 University of South Carolina Upstate, Health Education Complex, Room 3000, Spartanburg, SC 29303