



# ACH Origination Agreement

☐ New ACH Origination☐ Change Origination☐ Stop Origination

## ACH ORIGATION AGREEMENT

I, \_\_\_\_\_, authorize Caro Federal Credit Union to originate Electronic Fund Transfers (EFT) from  
(Name)  
\_\_\_\_\_ beginning on \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.  
(Institution) (Date: mm/dd/yy)

## FREQUENCY OF TRANSACTION

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

## IN-OFFICE USE ONLY

|                     |                 |             |
|---------------------|-----------------|-------------|
| Received by: _____  | Teller #: _____ | Date: _____ |
| Processed by: _____ | Teller #: _____ | Date: _____ |

This credit union is federally insured by the National Credit Union Administration and is an Equal Housing Lender.

Mail or deliver to:

4480 Rosewood Dr • Columbia, SC 29209 | 710 Pulaski Street • Columbia, SC 29209

803.227.5555 • [www.smartcaro.org](http://www.smartcaro.org)