

DEXSTA Federal Credit Union

ACH ORIGINATION AUTHORIZATION AGREEMENT (ACH DEBIT: DEPOSIT or LOAN PAYMENT TO DEXSTA ACCOUNT)

I (we) hereby authorize **DEXSTA Federal Credit Union**, to initiate **WITHDRAWAL** entries in the amount of \$_____ from my (our) Checking Account / Savings Account at the **Depository** financial institution named below, beginning on _____ (effective date), and to **debit** the same amount from such account. I (we) agree that the origination of ACH transactions to this account must comply under the rules of the National Automated Clearing House Association (NACHA) and with the provisions of U.S. law.

Request Type: **New Request** or **Request to Update/Change Information**

Depository Name: _____
(Financial Institution Name)

Routing #: _____
(9 digits required)

Account #: _____ **Account Type:** **Savings** or **Checking**
(Selection required)

Frequency:

Monthly: day of the month _____ **Semi Monthly: days of the month** ____ / ____

Bi-Weekly: day of the week _____ **Weekly: day of the week** _____

This authorization is to remain in full force and effect until DEXSTA has received from me (or joint owner/borrower) a signed notification of its termination in such time and in such manner as to afford DEXSTA and the Depository institution a reasonable opportunity to act on it. I further agree that if my ACH debit is returned for Insufficient Funds, or is dishonored with or without cause intentionally or inadvertently, my account at DEXSTA will be charged a fee as disclosed in the current Rate and Fee Schedule. If the amount was applied to a loan payment, the payment will be reversed and I will be responsible for the contractual payment to the loan.

Name(s): _____

Email: _____

DEXSTA Account #: _____ **Share ID#:** _____ or **Loan ID#:** _____

Signature: _____ **Date:** _____

****NOTE: DEXSTA FCU RESERVES THE RIGHT TO REVOKE THIS AGREEMENT****

For Office Use Only:	Branch: _____ // Teller ID: _____
Frequency Code: _____	Amount Code: _____ Access: _____