



ACH ENROLLMENT REQUEST

▶ Use this form to request a recurring automatic withdrawal or deposit to/from your account each month.

<p>Completed form must be received by MFCU:</p> <ul style="list-style-type: none"> ▪ At least 5 business days before the first/next transaction date, including a cancellation. 	Credit Union Use Only
	Date Received:
	Received By:

New authorization

Cancel authorization

Update transfer information

1. Member Information

Name:	Account Number:	Phone:	Email:
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2. Withdrawal From

Financial Institution Name:	Account Type:
Account Number:	

3. Deposit To

Financial Institution Name:	Account Type:
Account Number:	

4. Payment (All ACH transfers process **monthly** on the date selected below until ACH Enrollment is canceled or changed)

Day of month ACH will process:	First Transfer Date:	Amount of ACH Transfer:

5. Disclosures & Agreements

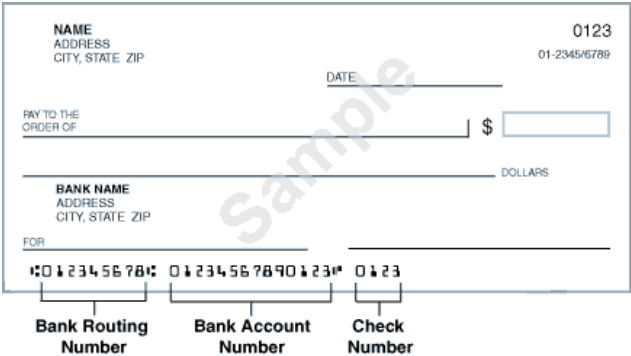
An ACH Enrollment Request form must be received by Malheur Federal Credit Union ("MFCU") within the deadlines listed above. MFCU will not be held liable if sufficient time was not provided. Additionally, MFCU will not be held liable for errors or delays caused by extenuating circumstances, including, but not limited to, invalid or insufficient information, and actions or policies of other parties involved in the transaction. Additional terms and agreements apply, including, but not limited to MFCU member agreement.

By signing below, you:

- 1) ACH Enrollment Request: Authorize MFCU to originate ongoing debit or credit transactions as detailed above, and make future adjustments as necessary in accordance with agreements. Additionally, you attest that you understand this authority will remain in effect until and unless MFCU receives a written notice from an authorized party to change or revoke in a timely manner as described above, and
- 2) Warrant and represent that all information you provided herein is true and correct, and
- 3) Warrant and represent that you are either (i) the owner of the account identified above, or (ii) an authorized signer or have corporate authority to act on such account, and
- 4) Attest that you have read and agree to the information provided here, understand the action you are requesting, agree to hold harmless MFCU for any and all ramifications of the action, and understand that the sole form of notification of the transaction(s) will be your periodic statement.

MEMBER SIGNATURE	DATE
X	

6. Attach voided check of other institution below

	<p>If unable to include a check, please complete the following:</p> <p>Financial Institution Name:</p> <p>Routing Number:</p> <p>Account Number:</p>
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Credit Union Use Only:	Synergy>Default Template>Member Records>ACH Auto Pays
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