



# ACH Origination Agreement

New ACH Origination

Change Origination

Stop Origination

## ACH ORIGINATION 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 _____ (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 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  
University of South Carolina Upstate, Health Education Complex, Room 3000 • Spartanburg, SC 29303  
803.227.5555 • www.smartcaro.org