10719 Airline Hwy | Baton Rouge, LA 70816
Phone (225) 214-6800 | Fax (225) 215-2658

ACH Origination

☐ Change ☐ New ☐ Cancel

☐ Incoming ☐ Outgoing

☐ Skip Start Date End Date

From Account	
Name on Account:	Institution:
Routing Number:	Account Number:
Account Type: **Checking**	Sub:
Amount:	
To Account	
Name on Account:	Institution:
Routing Number:	Account Number:
Account Type: Checking	Sub:
Amount:	
Frequency: Monthly Day: **5th**	Beginning:

Authorizations	
I agree to have my account charged on the frequency and date chosen above until I revoke this authorization in writing and understand that fees may be assessed when appropriate funds aren't available.	I hereby authorize EFCU Financial Federal Credit Unionto initiate credit and/or debit entries on my account and, if necessary, credit and/or debit adjustments for entries made in error to my account
Member Signature Date	Beneficiary (if other than member) Date

Telephone Authorization (May replace member's signature for incoming loan payments only)
I agree to have my account charged Monthly beginning **1/1/1970** until I revoke this authorization and I understand that fees may be assessed when appropriate funds aren't available.
Employee verifying: **Date and time of call:**

There is a fee associated with dishonored preauthorized payments. See fee schedule for details.

Credit Union Use Only	
Taken By:	Date:
☐ FP ☐ XP2	Add'l Comments: