ACH Origination Agreement

Received by

Date

Processed by

Date

Midwest Coalition of Labor Credit Union

Verified by

Member Information					
Name			Account Numbe	r	
Street Address		C:4		State	7:-
Street Address		City		State	Zip
Phone	Alternate Phone		E-mail		1
I hereby authorize Midwest Coalition of account as indicated below. I additional adjustment entries for any debits or cree to my account must comply with the rule Further, I understand this Agreement su MCLCU, which I have previously receiv Debit Entries from the external financial	ly authorize MCLCU and the o dits made in error. I acknowle es of the National Automated O applements the other terms, co red and agreed to. I further at	depository finandge that the ori Clearing House onditions and re est under penal	cial institution list gination of Autom Association (NAC lated disclosures	ed below to ini ated Clearing (HA) and the pr associated wit	tiate debit / credit House (ACH) entrie rovisions of U.S. law h my account at
	cternal Financial Insti	•	nsfer From)		
Institution Name	Account Holder Nam	e			
Routing Number*	Account Number	Account Number		☐ Checking	☐ Savings
Transfer Amount:	inimum Payment (for loan tran	sfers) or	□ \$	1	
what your new minimum payment amount Frequency of withdrawal (Debit): Bi-monthly transaction take place on enthe month (select "5th of the month" from Date of monthly transfer: 1st of the month 5th of the mont Effective: As soon As Possible For monthly transactions, form must be MCLCU will process the transaction as soor holiday the transfer will take place on	I Monthly ☐ Bi-month ither 1st and 15th of the month in the options below). Bi-month the ☐ 10th of the month or ☐ Date: Submitted at least ten (10) bussion as possible unless otherw	select "1st of the ally withdrawals 15th of the mostiness days prio	may <u>not</u> be applied that the notion of the Effective I	ed to mortgage the month Date. For One 1	loans at MCLCU. 25 th of the month Time transactions,
	MCLCU: (T	ransfor To)			
Member Name	МОДОО. (1.	idiisici 10)	Account Numbe	r	
Account Type:	Checking Cosed will be deposited to Savings		gs, Suffix:	_	
I understand and agree that authorization for processing on the requested date. If on the transaction date, I understand I were initiate Debit Entries on my behalf if a Entries at its sole discretion to collect retransactions. If the transfer date falls on This authorization is to remain in full for acknowledge that initial originating entransaction. MCLCU does not originate Internation.	there are insufficient funds in rill incur fees and my credit con ACH entry is returned. MCL turned item fees and other fees a weekend or holiday the trance and effect until MCLCU has ries, changes to existing entrices.	the indicated in ould be negative ould be negative of the control	astitution above or ely impacted. MC itiate additional D ed and owe to MC lace on the next be notification from notification from ion of this agreen	the funds are LCU may, at its ebit Entries or LCU that are reusiness day. In me of its terment require a limit in the content require a limit.	not available to me sole discretion, increase Debit elated to my ACH mination. I further 10-day advance
Printed Name	Signature			 Dat	e
······································	For Credit Un	ion Use Only	+++++++++++++++++	+++++++++++++	+++++++++++++++++++++++++++++++++++++++