



# ACH Origination Request

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ElementFCU.org

## All About My Needs

My Name: \_\_\_\_\_ My Account Number: \_\_\_\_\_

This is a **NEW** request  I want to **CHANGE** my existing ACH origination  I want to **CANCEL** my existing ACH origination

I want to transfer \$ \_\_\_\_\_ every month.

I want to transfer \$ \_\_\_\_\_ twice per month on the 15th and 30th of each month.

I want to transfer \$ \_\_\_\_\_ every two weeks.

I want to transfer \$ \_\_\_\_\_ every week.

I want you to start this ACH origination on \_\_\_\_\_ (date).

## This is Information About My Other Financial Institution

I want to **withdraw** funds from:

Name of other financial institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

ABA Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

## This is Information About My Account at Element

I want you to **deposit/apply** these funds to my credit union accounts listed below

Deposit \$ \_\_\_\_\_ to my checking account # \_\_\_\_\_.

Deposit \$ \_\_\_\_\_ to my savings account # \_\_\_\_\_.

Deposit \$ \_\_\_\_\_ to my savings account # \_\_\_\_\_.

Apply \$ \_\_\_\_\_ to my loan # \_\_\_\_\_.

Apply \$ \_\_\_\_\_ to my loan # \_\_\_\_\_.

Apply \$ \_\_\_\_\_ to my loan # \_\_\_\_\_.

This authorization is to remain in full force and effect until I notify Element FCU in writing of any changes or termination of this request. Element FCU must receive the written request for changes or cancellation fourteen (14) business days prior to the scheduled transaction. I agree to pay Element FCU an ACH origination fee as set forth in the Rate and Fee Schedule.

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
My Signature Date Co-Owner Signature Date

### THIS SECTION IS FOR CREDIT UNION USE ONLY

This form was processed by \_\_\_\_\_ on \_\_\_\_\_  
employee name date