

## Request Type:

## **ACH ORIGINATION**

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www.curisfinancial.org

□ New Transfer

🗆 Change Frequency

□ Change Amount □ Change Institution □ Change Transfer Date

Incoming ACH Transfer Request

l,	(hereafter, me or member	) authorize Curis Financial Credit Union
	onic Funds Transfer from	
beginning on	Sending Institution Name	e & Location continuing at the requested frequency
until revoked by me i		DISCLOSURES AND IMPORTANT INFORMATION
Select Transfer Frequency:		Funds Availability: Funds must be available two (2)
	Bi-Weekly 🛛 one-Time Only	business days prior to the actual transfer date. Please ensure that sufficient funds are available in your account to complete this transfer request.
	Semi-Monthly (15 <sup>th</sup> and 30 <sup>th</sup> of each month)	For a One-Time Transfer: If funds are not available after the first attempt, the transfer will be cancelled.
FROM Institution:	Receiving Institution Name	For Reoccurring Transfers: If funds are not available after the first attempt, a transfer will take place on the next scheduled transfer date.
Account Type:	□ Savings □ Checking	This authorization will remain in effect until you notify the
Account Name:	Receiving Party's Name	Credit Union to stop/cancel. Please allow three (3) business days prior to the scheduled transfer date to cancel. After
Routing Number:	Receiving Party's Name	TWO returned items the ACH Origination transfer may be canceled.
Account Number:	9 Digits	All terms and conditions of your Membership Agreement and Disclosures and Rate and Fee Schedule together with
<b>TO</b> Institution:	Curis Financial Credit Union	any Loan Agreements are incorporated herein by reference. To the extent any terms herein contradict the terms or conditions of any other agreement, these terms shall govern.
Account Type:	🗆 Savings 🛛 Checking	By signing this document, I authorize Curis Financial Credit Union to transfer funds from my account at the financial
Member Number:		institution indicated to my account at Curis Financial Credit Union. This transfer will be completed electronically and
Member Name:		takes approximately 10 business days for the initial transfer
□ Discontinue withdrawal when the loan is paid in full (By checking this box, you agree to have your drafts stopped once the loan is completely paid off.)		to complete. I acknowledge that the origination of ACH (Automated Clearing House) transactions to my account must comply with the provisions of U.S. Law.
you agree to have yo	al didits stopped once the loan is completely paid on.,	/ Ten (10) Business Days advanced notice required to process initial setup, changes and revocation.
AGREEMENT:		FUNDS COMING INTO CURIS FINANCIAL CU FROM ANOTHER
Member Signature:	Date:	INSTITUTION FOR A LOAN PAYMENT WILL BE DEPOSITED TO THE MEMBER'S DEPOSIT ACCOUNT. AUTO DISTRIBUTION WILL TRANSFER THE PAYMENT CURIS FINANCIAL CU LOANS.
Member Phone #:	Email:	Curis Financial CU will not reinitiate prenotes if returned by RDFI because they cannot accept those entries.
Employee Signature:	Date:	If the requested transfer date is a holiday, items will be processed the next business day.
Branch:		In the event that Curis Financial CU deposits/withdraws funds erroneously into my account, I authorize Curis Financial CU to reverse the transaction on my account for an amount not to exceed the original amount of the erroneous credit.