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## Request Type:

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## **ACH ORIGINATION Outgoing ACH Transfer Request**

DISCLOSURES AND IMPORTANT INFORMATION

🗆 New Transfer
Change Amour

Change Frequency

nt 🛛 Change Institution 🗌 Change Transfer Date

(hereafter, me or member) authorize Curis Financial Credit Union

to originate an Electronic Funds Transfer from my Curis Financial Credit Union account listed below to

	beginning on	in the amount of \$		
Receiving Institution Name & Location	MM/DD/YYYY			
and continuing at the requested frequency until revoked by me in writing.				

## **Select Transfer Frequency:**

□ Weekly	□Bi-Weekly	🗆 one-Time C	Only	Your rights and responsibilities under the law are outlined in the Federal Reserve Board's Regulation E that governs a
Monthly	□Semi-Monthly	(15 <sup>th</sup> and 30 <sup>th</sup> of each ma	onth)	variety of electric transactions. In general, you are protected from loss providing you are responsible in reading your account statements and reporting any problems and errors promptly. You were provided with a
TO Institution:		Receiving Institution	Name	Regulation E disclosure when you opened your account with us.
		Receiving institution	Nume	
Account Type:	🗆 Savings	□ Checking		If we do not complete a transaction to or from your accounts on time or in the correct amount according to our agreement with you, we will be liable for your losses or
Account Name:		Receiving Party's No	ame	damages. However, there are some exceptions. We will NOT be liable for the following:
Routing Number:		9 Digits		Through no fault of ours, you do not have enough money
Account Number:				<ul> <li>in your account to make the transactions.</li> <li>The money in your account is subject to an uncollected funds hold, legal process or any other encumbrance or agreement restricting a transaction.</li> </ul>
FROM Institution:	Curis Financ	ial Credit Union		If you do not have sufficient funds available through overdraft protection.     If circumstances beyond our control (such as fire or flood)
Account Type:	🗆 Savings			prevent the payment transfer, despite reasonable precautions that we have taken.
Member Number:				Fifteen (15) Days advanced notice required to process initial setup, changes and revocation.
Member Name:				FUNDS COMING INTO CURIS FINANCIAL CU FROM ANOTHER INSTITUTION FOR A LOAN PAYMENT WILL BE DEPOSITED TO THE MEMBER'S SAVINGS ACCOUNT. AUTO DISTRIBUTION WILL
AGREEMENT:				TRANSFER THE PAYMENT FOR CURIS FINANCIAL CU LOANS.
Member Signature:	: 		Date:	Curis Financial CU will not reinitiate pre-notes if returned by RDFI because they cannot accept those entries.
Member Phone #:		Email:		If the requested transfer date is a holiday, items will be processed the next business day.
Employee Signatur	e:		Date:	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.
Branch:				After <b>TWO</b> (2) returned items the ACH Origination item will be cancelled.