



# AGREEMENT FOR PREAUTHORIZED CREDITS ACH DEBITS ORIGINATION CHANGE

## Original ACH Origination Information

MEMBER NAME _____	INSTITUTION NAME _____
ROUTING NUMBER _____	NUMBER _____
ORG AMOUNT _____	DAY/DATE OF TRANSFER: _____
E-MAIL ADDRESS _____	WORK PHONE _____
	CELL PHONE _____

.....7<5B; 98 =B: CFA 5H-CB : CF '57< '896-H'CF= =B5H-CB:

INSTITUTION NAME _____	NAME(S) ON ACCOUNT _____
CITY ST ZIP _____	ACCOUNT TYPE _____
ROUTING NUMBER _____	ACCOUNT NUMBER _____
AMOUNT TO BE TRANSFERRED \$ _____	DAY/DATE OF TRANSFER EACH MONTH: _____

**DATES AVAILABLE FOR TRANSFER ARE:**  
1st - 28th OF EACH MONTH

*We recommend you select a date several days before your loan payment is due. If the date you select falls on a weekend or holiday, your account will be debited on the first business day following the date indicated above.*

I authorize Alliance Credit Union of Florida to change the original initiated credit entries to my account listed above, and I request and authorize that the above financial institution accept and honor the same. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authorization will remain in full force and effect until Alliance Credit Union of Florida has received written notification from me of its termination in such time and manner as to afford Alliance Credit Union a reasonable opportunity to act on it. =Z hYf UW\_bck YX[ Yh Uh]Za m57< ]hYa ]g fYh fbYX Zcf Ubm fYUgcbz ]bW X]b[ ' bcb!gi ZZVYbhz Alliance 7fYX]h1 b]cb'a UmUggygg U ZYZ Ug'gdYWZ]YX ]b'h.Y W ffYbhgWYXi 'YcZZYg UbX'fyj c\_Y h.Y Ui h.cf]nUh]cb''=Z h.Y'Ua ci bh k Ug' Udd ]YX hc' U'cUb' dUma Ybh'z h.Y dUma Ybhk ]''VY'fyj YfgYX'UbX'=k ]''VY'fYgdcbg]V'Y Zcf'a U\_]b[ 'chYf dUma YbhUffUb[ Ya Ybh' Alliance Credit Union requires 30-days advance notice to revoke an existing ACH authorization. I understand that if the funds are not available in my account on the date of the automatic transfer the transfer will not be made and that I will not be notified by Alliance Credit Union that the transfer was not made. I also understand I will be charged a one-time origination fee to establish this ACH service. Please allow two weeks for origination to be initiated and funds to be transferred to the indicated institution.

MEMBER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Officer \_\_\_\_\_

ATTACH VOIDED CHECK OR DEPOSIT SLIP HERE