

ACH Private Contribution Form

For depositing funds to a Lansing SAVE student account at MSUFCU from an account at another financial institution.

Student Account Number: _____

Student Name
(please print) _____

ACH Deposit from another financial institution to a Lansing SAVE student account

Please complete this section below to initiate an ACH deposit from another financial institution.

One-time transfer

Provide the date you would like the transfer to occur: MM / DD / YYYY

Recurring transfer

Provide the date you would like the transfer to begin: MM / DD / YYYY and end: MM / DD / YYYY
(optional)

Indicate the frequency of your transfer:

Weekly Monthly Yearly Other: _____

Transfer Amount: \$ _____

Other Financial Institution Account Information:

Account Holder Name: _____

Financial Institution Name: _____

Financial Institution Address: _____ Phone: _____

Routing & Transit #: _____ Account/Loan #: _____ Account Type: Savings Checking Loan

Authorization

I (we) hereby authorize MSUFCU to initiate an ACH (electronic fund) transfer(s) between my (our) accounts at MSUFCU and my (our) account at another financial institution. The amount of the transfer and account ownership will be subject to approval by MSUFCU, and funds are subject to be held by MSUFCU. If the selected date falls on a weekend or holiday, I (we) understand that the transaction will be processed on the next business day. I (we) acknowledge that the origination of ACH transactions to this account must comply under the rules of the National Automated Clearing House Association (NACHA) and with the provisions of U.S. law. This authorization is to remain in full force until MSUFCU has received notification from me (or either of us) of its termination in such time and manner as to afford MSUFCU a reasonable opportunity to act on it. Notification must be made in writing, with an electronic signature or by verbally expressing to an MSUFCU employee. MSUFCU reserves the right to revoke this agreement. I (we) hereby acknowledge that I (we) have received, read, and agree with MSUFCU's Electronic Fund Transfer Disclosure and Truth-In-Savings Disclosure, and loan/Visa Agreement when applicable.

Disclaimer

MSUFCU shall be liable to you for all losses and damages caused by MSUFCU's failure to make an electronic payment in accordance with your authorization, in the correct amount, or in a timely manner, except where: a) Your account has insufficient funds to complete the transfer; b) The funds are subject to legal process or other encumbrances restricting such transfer; c) Such transfer would exceed an established credit limit; d) Circumstances beyond our control (such as flood, fire, computer breakdown, or changes in our operation as required by law) prevent the transfer or withdrawal, despite reasonable precautions we have taken; or e) A technical malfunction, which was known to you at the time the transfer was scheduled to occur, prevents the transfer.

Please note: funds deposited to a Lansing SAVE student account will not be eligible for withdrawal until the student meets the program requirements for withdrawal.

I authorize the contribution instructions listed above.

Signature(s): _____ Date: _____

Print Name(s): _____ Daytime Phone: _____

Return your completed Contribution form by:

In Person: Bring your completed form to any MSUFCU branch location. Visit www.msufcu.org for branch locations.

Mail: MSU Federal Credit Union, PO Box 1208, East Lansing, MI 48826.

Fax: Toll-Free: 866-374-2123



Federally insured
by the NCUA

Email: lansingsave@lansingmi.gov • 517-483-5155
www.msufcu.org • 517-333-2424 • 800-678-4968