

ACH ORIGATION AUTHORIZATION FORM

For depositing funds to your Michigan State University Federal Credit Union (MSUFCU) loan from your account at another financial institution.



1 Transfer Information

DEPOSIT to my/our MSUFCU loan (debit from another financial institution).
ACH debit transactions cannot be performed from loans at other institutions.

2 MSUFCU Loan Information

Borrower name: _____ Email: _____

Loan type: _____ Vehicle make/model: _____
(If applicable)

Amount: Pay minimum amount due First payment due date
 Other: _____ Effective start date: Other: _____

Frequency: Monthly

3 Other Financial Institution Account Information

Account holder name: _____

Financial institution name: _____

Financial institution address: _____

Routing & Transit number: _____ Account number: _____ Account type: Savings
 Checking

Authorization

4 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. Funds must be available at the time the credit entry is sent to the Federal Reserve; cutoff is generally 12:00 p.m. on the prior federal business day. Return fee may be assessed for any returned ACH transfer. 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/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.

Signature(s): _____ Date: _____

Print name(s): _____ Daytime phone: _____

5 Return your completed ACH Origination Authorization Form to MSUFCU		
Mail:	Attn: IDL MSU Federal Credit Union PO Box 1208 East Lansing, MI 48826	Fax: 517-664-4864
		Email: indirectlendingfax@msufcu.org