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ACH ORIGINATION Outgoing ACH Origination

New Change Amount Change Frequency Change Date Change Institution

I _____ (hereinafter, me or member) authorize Palmetto Health CU

to originate Electronic Fund Transfers (EFT) from my Palmetto Health CU account listed below to _____

_____ beginning on _____ in the

Receiving Institution Name & Address

MM/DD/YYYY

amount of \$_____ and continuing each requested frequency until revoked by me in writing. This authorization replaces all previous authorizations that I may have made.

Select the Frequency of the Transaction:

Weekly Bi-Weekly One-time Only
 Monthly Semi-Monthly (15th and 30th of each month)

To: _____ / _____
Receiving Institution Name Receiving Party's Name

Choose account type: Savings Checking

Routing Number: (9 digits) _____

Account/MICR Number: _____

From: Palmetto Health CU

Choose account type: Savings Checking

Member Number: _____

Member Name: _____

AGREEMENT:

Member Signature: _____ Date _____

Phone #: _____ Email Address _____

PHCU Employee Signature: _____ Date _____

Branch: _____

DISCLOSURES AND IMPORTANT INFORMATION

Funds availability: Funds must be available two (2) business days prior to the actual transfer date. Please ensure that sufficient funds are available in your account to complete this transfer request.

For a one-time transfer: If funds are not available after the first attempt, the transfer will be cancelled.

For reoccurring transfers: If funds are not available after the first attempt, a transfer will take place on the next scheduled transfer date.

This authorization will remain in effect until you notify the Credit Union to stop/cancel. Please allow three (3) business days prior to the scheduled transfer date to cancel.

After **TWO** returned items the ACH Origination transfer may be canceled.

All terms and conditions of your Membership Agreement and Disclosures and Rate and Fee Schedule together with 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.

By signing this document, I authorize Palmetto Health Credit Union to transfer funds from my account at Palmetto Health Credit Union into the financial institution indicated. This transfer will be completed electronically and takes approximately 10 business days for the initial transfer 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.

10 Business Days advanced notice required to process initial setup, changes and revocation.

Palmetto Health CU will not reinitiate prenotes if returned by RDFI because they cannot accept those entries.

When selected date is a holiday, items will be processed next business day.

In the event that Palmetto Health CU deposits/withdraws funds erroneously into my account, I authorize Palmetto Health CU to reverse the transaction on my account for an amount not to exceed the original amount of the erroneous credit.