



A COMMUNITY
FEDERAL CREDIT UNION

120 Woodford Ave
Plainville, CT 06062

T 860.747.4152
T 800.782.8922

F 860.793.8248
W www.ubifcu.com

ACH Origination Agreement

Instructions:

1. Complete the form below by typing into it, then printing and signing. Written submissions will not be accepted. If your checking or savings account is a joint account, all account holders must sign this form.
2. Attach a voided check, unsigned, to this form.
3. Return the original form and voided check to UBI Federal Credit Union (address above).
4. Keep a copy of this completed form for your records.

The Loan Payment ACH Origination Agreement must reach our office at least ten days prior to the loan due date. Authorizations received less than ten days prior to the loan due date will not be set up until the next payment due date and you will be responsible for sending the current period's payment to the Credit Union.

The ACH Authorization I (we) hereby authorize UBI Federal Credit Union (hereinafter referred to as "UBI") to withdraw or electronically transfer my scheduled Consumer Mortgage loan payment from my account with another financial institution I hereby authorize UBI to initiate debit entries from my/our:

- Checking Account No. _____
 Savings Account No. _____

At: _____
(Depository Financial Institution)

Routing/ Transit Number: _____

to be credited to Loan Account No. _____ at UBI in the amount of \$ _____
for each due date.

I agree that I am responsible for and hold UBI harmless for all fees against my account(s) as a result of this agreement.

This authorization is to remain in full force and effect until my loan is paid in full or I revoke the agreement as hereinafter provided. I am aware, as the Originator of this agreement, that I must notify UBI of any changes or termination of this preauthorized payment in writing. Any revocation shall not be effective until UBI has received written notification from me of my desire to terminate this agreement in such time and manner as to give UBI a reasonable period of time to act on it.

UBI reserves the right to cancel your participation at any time.

_____ Signature	_____ Date	_____ Name (typed)
_____ Signature	_____ Date	_____ Name (typed)
_____ Signature	_____ Date	_____ Name (typed)

Accepted by: _____ (UBI representative)

Received on: _____

Updated by: _____ on _____