



ACH Origination Request

Request Type: ☐ New ☐ Change ☐ Cancel

Member Name: _____

Start Date: _____

Account #: _____ **Loan #:** _____

Amount: \$ _____

Financial Institution Information:

Payment Frequency:

Name: _____

☐ Weekly

Address: _____

☐ Biweekly

ABA/Routing Number: _____

☐ Semimonthly

Account #: _____

☐ Monthly

Account Type (check one): ☐ Savings ☐ Checking

☐ Other _____

***Please attach a voided check to this form for verification of the account and routing number. If this is a savings account, please attach a document from your bank or credit union that includes your account and routing numbers.**

Authorization Terms

The undersigned acknowledges that STAR Financial Credit Union is not liable for errors due to inaccurate information provided. This authorization will remain in effect until written termination notice is received, allowing the Credit Union time to process the request. ACH transactions will follow NACHA rules, and no transactions will violate U.S. law, including those involving blocked accounts. The undersigned also authorizes necessary adjustments for errors in debit transactions. The undersigned releases STAR Financial Credit Union from liability for losses, except in cases of negligence or failure to follow instructions. Please allow up to three business days to process ACH setup. If a transaction is returned, it will be processed the next business day. Insufficient funds will result in a recall and an ACH NSF fee. For more information, please refer to the Credit Union's Electronic Fund Transfer Disclosure.

By signing below, you agree to the Authorization Terms outlined above and authorize STAR Financial Credit Union to process ACH payments as described. You confirm that you are the account holder and that the provided account is valid for ACH transactions.

Member Signature: _____ **Date:** _____

For Cancellation of an ACH Origination:

I, _____, wish to cancel the above ACH origination authorization as of _____. I understand that this cancellation notice must be given at least 5 days prior to the scheduled transaction date.

Signature: _____ **Date:** _____

Internal Use Only

Request Received by: _____

Date/Time: _____

Processed by: _____

Date/Time: _____