



ACH Origination Authorization (Direct Pay Requests)

I (we) hereby authorize Essential Credit Union, hereinafter called Essential, to initiate an Automated Clearing House (ACH) debit to my (our) account indicated below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law and that if debit is to be made from an Essential account it will be in the form of a withdrawal and not an ACH. I understand that, if indicated by me, these debit/credit entries will be recurring at the frequency indicated by me and will continue in effect until I notify you of its termination or adjustment in writing. I understand that I must allow Essential at least three business days to process any and all requests under this agreement.

Essential reserves the right to cancel, at my risk, this agreement at any time. Essential will be held harmless for any transaction due to insufficient collected balance, the receiving financial institution returns the entry for any reason, you have provided us with incorrect or inaccurate information or circumstances beyond our control preventing us from executing a transaction. If we fail to properly follow your instructions, we will be responsible for correcting the error and resending the entry to comply with your instructions. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US law and in no even will Essential be liable for any direct, indirect, special consequential, or exemplary damages, including lost profits, arising from use of this service.

Member Name _____ Daytime Phone Number _____

Select One: Original Set Up Change to existing Payment Revocation

Essential Account Number: _____ Loan Number/Account Suffix: _____

Account Type: Savings Checking Loan

Transaction Type: Incoming Outgoing

(Other Financial Institution Name)

Routing Number: _____ Account Number: _____ Account Type: _____

Effective Date: _____ (Date to debit/credit payment) Payment Amount: _____

Payment Frequency: Weekly Bi-Weekly 1st/15th Monthly

This form does not take effect immediately. Please allow up to 7-14 days for processing.

(Print Individual Name)

(Signature)

(Date)

For Back Office use Only

Completed by: _____ Date Completed _____