

CU Use: Membership Account # \_\_\_\_\_ Name: \_\_\_\_\_



## Authorization for ACH Origination

(regularly transfer funds from one financial institution to another)

2445 Mariondale Ave, Los Angeles CA 90032

Phone: 323-505-2600 Fax: 323-505-2613

- Start   
  Stop   
  Change (Describe change:  Date  Amount  Distribution  Institution  Other: \_\_\_\_\_)
- One-time transfer (fee may apply)

Name:	Acct #:
Email Address:	
Home Phone:	Cell:
	Work:

I represent that I am authorized to execute this payment authorization and I indemnify and hold harmless CSLA-FCU from damage, loss or claim resulting from my instruction below. I agree that ACH transactions I authorize comply with all applicable law. I authorize Cal State L.A. Federal Credit Union to electronically debit my account (and if necessary electronically credit my account to correct erroneous debits) as follows:

<b>From:</b>	
Name of Financial Institution:	
Routing Number of Financial Institution:	<i>9 digits</i>
<i>Routing number may be left blank if you are transferring from CSLA-FCU</i>	
Account number:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Send a total of:	\$
Transfer dates:	Day(s) of the month (ie, 10 <sup>th</sup> of each month, 1 <sup>st</sup> and 15 <sup>th</sup> , etc)
<i>If the scheduled date falls on a non business day, the transfer will occur the following business day.</i>	

<b>To:</b>	
Name of Financial Institution:	
Routing Number of Financial Institution:	<i>9 digits</i>
<i>Routing number may be left blank if you are transferring to CSLA-FCU</i>	
Account number:	

<b>Distribution: (where do you want the funds to go in your account)</b>		
Account Type	Account # or Suffix	Amount
Checking		
Savings		
Holiday Saver		
Auto Loan		
Personal Loan		
CSLA-FCU Visa Credit Card	<input type="checkbox"/> Min. payment OR	
Other: _____		
<b>Total:</b>		\$

*Transferring funds to the credit union? You can split your deposit between your checking, savings and loan accounts.*

I understand that this authorization will remain in full force and effect until I notify Cal State L.A. Federal Credit Union in writing by mail at 2445 Mariondale Avenue, Los Angeles CA 90032 that I wish to revoke this authorization. I understand Cal State L.A. Federal Credit Union requires at least 7 days prior notice in order to cancel this authorization.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The credit union is not responsible for any fees charged by other financial institutions. Please ensure funds are available in your account on the scheduled date(s). Questions about filling out this form? Please call 323-505-2600x103.