



Action

Start Stop Change: Amount Institution Date (current date: _____)
 One-time transfer (fee may apply)

Member Information

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

I represent that I am authorized to execute this payment 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:

From

Name of Financial Institution: _____
Routing # of Financial Institution (9 digits): _____
Routing number may be left blank if you are transferring from CSLA-FCU
 Checking Savings Account Number: _____
Send a total of: \$ _____
New Start Date (example: 06/01/2015): _____
Frequency Per Month: Once on the _____ of each mo. Twice on _____ & _____ of each mo.
(example: 1st) (example: 1st & 15th)
 Every other week on _____ Once every week on _____
(example: Fridays) (example: Fridays)
If the scheduled date falls on a non business day, the transfer will occur the following business day.

To

Name of Financial Institution: _____
Routing # of Financial Institution (9 digits): _____
Routing number may be left blank if you are transferring to CSLA-FCU
Account Number: _____

Distribution (where do you want the funds to go in your account)

Account Type	Account Number & Suffix <small>(example: 1111111-A)</small>	Amount
Checking		
Savings		
Loan		
Credit Card		<input type="checkbox"/> Min. Payment OR \$ _____
Total		\$ _____

Notes: _____

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 Ave, 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.

Member 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 schedules date(s). Questions about filling our this form? Please call (323) 505-2600x103.