



ACH Origination Authorization Form

Transfer Information

- Please DEPOSIT to my personal/business Coastal New England Federal Credit Union (CNEFCU) account, or the account for which I may sign, by withdrawing funds from the financial institution named below. I / COMPANY authorize that institution to initiate debit entries to my personal / COMPANY's savings/checking account indicated below.
- Please WITHDRAW from my personal CNEFCU account, or the business account for which I may sign, and send the funds to the other financial institution named below.

Coastal New England Federal Credit Union Account Information:

Personal Account or Business Account

Member/Business Name: _____

Member Number: _____ Share ID#: _____

Transfer amount \$ _____ Transfer date: _____

Information of Other Institution:

Business Name or Name on Account: _____

Account Number: _____ Routing Number: _____

Financial Institution Name: _____

I hereby authorize Coastal New England Federal Credit Union (CNEFCU) to transfer funds, as listed above, between my/COMPANY's accounts at CNEFCU and another financial institution and, if necessary, to make adjustments for any errors. CNEFCU will be responsible for the transfer in accordance with this authorization. If my selected date falls on a weekend or holiday, I understand that the transaction will be processed on the next business day. Once a transfer has been made to another financial institution, CNEFCU will have no further responsibility for the credit or debit of such funds. The individual signing below has authority to bind COMPANY. This authorization will remain in effect unless CNEFCU (and COMPANY if a COMPANY account is involved) has received written notification to cancel this authorization in such time and in such manner as to afford COMPANY and all financial institutions a reasonable opportunity to act on the notification, or until CNEFCU has given me/COMPANY written notice of cancellation. I further understand and agree that in order for CNEFCU to make any automatic transfers per this Authorization Form, the full amount must be available in my/Company's account. I may be assessed a fee and cancellation of my automatic transfer agreement in the event that funds are not available for transfer. My signature below acknowledges that I have received a disclosure and agreement regarding the terms and conditions governing CNEFCU electronic services. I acknowledge that the origination of ACH transactions to my and/or COMPANY's account must comply with the provisions of U.S. law. I understand that for the transfer to occur both the receiving and the debited account must be either my personal account or the account of COMPANY for which I have authority to both receive and withdraw funds.

Signature _____

Date _____

Signature _____

Date _____