



ACH Origination Agreement

New ACH Setup

Modify

Cancel

PRIMARY OWNER INFORMATION

Name: _____

Account Number: _____

Credit to: _____ Loan _____ **OR** Share _____

FINANCIAL INSTITUTION INFORMATION

Financial Institution Name: _____

Account Number: _____ Routing Number: _____

Name on Account: _____

Share Type: Savings Checking (Please attach a voided check.)

Payment/Transfer Frequency: Monthly Weekly

Payment/Transfer Amount: \$_____ Date of 1st Payment/Transfer: _____

NOTE: For same-month processing, authorization must be received 15 business days prior to the above transaction date. If the payment falls on a nonbanking day, the debit will process on the next available banking day.

I hereby authorize Avenir Financial to initiate debit entries and, if necessary, adjustment entries from my account identified at the financial institution named above and to credit the same to my account at Avenir Financial. This authorization is to remain in full force and effect until my loan is paid in full or until it is withdrawn by me via verbal and/or written notice to Avenir Financial or completion of the ACH Origination Agreement form to cancel, either of which must be provided within 3 banking days of the next payment date. This agreement shall be effective when signed below or in counterpart, and photocopy, facsimile, and electronic or other copies shall have the same effect for all purposes as the ink-signed original. I agree Avenir Financial and its employees have no liability to me for their failure to complete the above-authorized transactions in the event (a) I do not have available funds in any identified account to make the transaction; (b) the necessary data from the debiting institution is not timely received, is incomplete, or is erroneous; (c) unforeseen circumstances or circumstances beyond Avenir Financial's control (such as fire, flood, or other natural disaster) prevent or delay the transaction; or (d) if this form is not completed properly or if any of the information I have provided on this form is incorrect. I additionally acknowledge there will be a returned item fee assessed in the event of a returned item from the debiting financial institution.

Signature: _____ Date: _____

FOR CREDIT UNION USE ONLY

Avenir Employee Signature: _____ User ID: _____

If completing this form outside of KeyStone, scan the completed document to FASTdocs.

Last Revised: 2023-12-20

Equal Opportunity Lender
Federally Insured by NCUA

