



ACH ORIGATION

DATE _____

I/We, _____, authorize Carolina Trust Federal Credit Union to originate/change pre-authorized payment instructions as follows. I/We acknowledge that the origination of ACH Transactions to my/our account must comply with the provisions of U.S. Law.

MEMBER INFORMATION

Account Number: _____ Share/Loan ID: _____

Primary Member SSN (last 4): _____ Joint Member SSN (last 4): _____

FINANCIAL INSTITUTION INFORMATION

Financial Institution Name: _____

Financial Institution Routing Number: _____

Financial Institution Account Number: _____

Type of Account (Please check one): Checking: _____ Savings: _____

TRANSACTION TYPE

ACH Loan Payments ACH Savings ACH Checking ACH Change

ACH Cancellation Reason for ACH Cancellation: _____

TRANSACTION INFORMATION

Payment Frequency (Please check one): Monthly: _____ Biweekly: _____

Semimonthly: _____ Weekly: _____

If Semimonthly is selected, please list the 2 days of the month: _____

Payment Amount: \$ _____ Beginning Date: _____ Ending Date: _____

This authorization is to remain in full force and effect until Carolina Trust Federal Credit Union has received written notification from me/us of its termination in such time and in such manner as to afford Carolina Trust Federal Credit Union and the Depository a reasonable time to act on it.

Member Signature

Member Name (Please Print)

Joint Member Signature

Joint Member Name (Please Print)

CU Employee Witness, Teller #

ACH Technician Signature