



ACH Origination Master Agreement

An ACH (Automated Clearing House) Origination may be established to automatically deposit funds into COGIC Credit Union account. Funds will automatically be withdrawn from the specified financial institution where you have an existing account. Please complete the following form to enroll for direct deposit.

SECTION 1

(To be completed by holder of account of withdrawal)

Name of Account Holder (Last, First M)	Name of Financial Institution
Address (Street, Route, P.O. Box, APO/FPO)	Type Of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market
City State ZIP Code	Account Number
Telephone Number ()	Routing Number (ABA Number)
Frequency of Withdrawal <input type="checkbox"/> 15 th - 22 nd <input type="checkbox"/> 25 th - 30 th	Amount Of Withdrawal
Date of withdrawal (If monthly, withdrawal will occur each month) / /	Notes:

Authorization: by signing this form, hereby authorize the initiation of a deduction from the account listed in Section 1 above and a credit to the COGIC Credit Union account listed in Section 2. COGIC Credit Union may also accept written requests via mail or fax to initiate a withdrawal from my account listed in Section 1 to deposit into the designated account in Section 2.

Signature _____ Date _____

SECTION 2

(COGIC Credit Union Account information)

Name of Account Holder to Receive Deposit (Last, First, M)	Name of Financial Institution COGIC CREDIT UNION
Address (Street, Route, P.O. BOX) APO/FPO	Type of Account <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Money Market <input type="checkbox"/> Loan Payment Account # _____ (loan # _____)
	Account Number (If opening a new account, leave blank and account number will be assigned)
Telephone Number ()	Routing Number (ABA Number)

Requests received by 3:00 pm will have funds credited to the recipient's COGIC Credit Union account the next business day. If funds are not available at the time of ACH (Automated Clearing House) withdrawal, funds may not be available in the COGIC Credit Union account of deposit. The COGIC Credit Union account holder will be responsible for any returned items or fees due to insufficient funds.

Automatic monthly withdrawals may be discontinued with at least 14 days notice. Requests to discontinue automatic withdrawals must be received in writing. Furthermore, this agreement may be cancelled at anytime with a written request from the Account Holder listed in Section 1. COGIC Credit Union reserves the right to revoke this Agreement at anytime and will notify the account Holder listed in Section 1 within 14 days of revocation.

If you have any questions on Direct Deposit or completing this form, please contact the COGIC Credit Union At 337-504-3502. Once this agreement is in effect, requests for ACH withdrawals for deposit into the COGIC Credit Union designated account may be faxed to 337-504-3639 or mailed to COGIC CU, P. O. Box 5057, Lafayette, LA 70502. Request must be made in writing using COGIC CU's Request for funds Transfer Form. No telephone request will be accepted.