



Automated Clearing House Origination Request

I hereby authorize Riverview Federal Credit Union, herein after referred to as Credit Union, to initiate the following Transaction(s) to my account(s) as follows:

Financial Institution to Debit (withdraw) Name: _____

City: _____ State: _____

Routing Number: _____ Account Number: _____

() savings () checking

Financial Institution to Credit (deposit/payments) Name: _____

City: _____ State: _____

Routing Number: _____ Account Number: _____

() savings () checking () loan

The authorization is to remain in full force and effect until Credit Union has received written notification from me of its termination in such a time and in such a manner as to afford Credit Union and other Depository a reasonable opportunity to act on it.

Name: _____

Date: _____

Debit – Member Signature: _____

Credit – Member Signature: _____

Cancellation Section

I hereby notify Riverview Federal Credit Union to cancel the transaction described above.

Member Signature

Date

For Credit Union Use Only

Amount to be Transferred: _____ Frequency of Transfer: _____

If not monthly transfer, circle day of transfer: Monday Tuesday Wednesday Thursday Friday

Date of First Transfer: _____ Initials of Staff: _____

Cancellation Authorized Signature: _____