

**ACH Transfer Authorization**



**Member Account Number:** \_\_\_\_\_

**OFFICIAL USE ONLY**

Date Received: \_\_\_/\_\_\_/\_\_\_      Initials & Teller #: \_\_\_\_\_

**LGE STAFF: SCAN & EMAIL TO ACCOUNTINGASSOCIATES@LGECCU.ORG**

Select One (**required**):     Send Funds     Receive Funds

**Request Must be Completed & Signed by Member (Please Print)**

**Authorization Agreement to Request Electronic Funds Transfers**

I (we) hereby authorize LGE Community Credit Union (LGE), to initiate transfers to or from my (our) account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit or credit the same to such account. I (we) acknowledge that the origination of ACH transactions to and from my (our) account must comply with the provisions of U.S. law.

Financial Institution Name \_\_\_\_\_

Financial Institution City & State \_\_\_\_\_

9-Digit Routing Number \_\_\_\_\_      Account Number \_\_\_\_\_  
Account Type:     Checking     Savings

Name on the Account at Other Financial Institution \_\_\_\_\_

Start Date \_\_\_\_\_ (Allow **minimum of 5 days** for debit to begin. Your account will be debited on or after this date.)

Amount \$ \_\_\_\_\_

Frequency:  Weekly     Bi-Weekly     Semi-Monthly     Monthly     Quarterly     This is a one-time request

LGE Member Account Number \_\_\_\_\_ Share/Loan ID for this transfer \_\_\_\_\_

This authorization is to remain in full force and effect until LGE has received written notification from me (or either of us) of its termination in such time and in such manner as to afford LGE and DEPOSITORY a reasonable opportunity to act on it. Fees may be charged for any returned item in accordance with our Service Charge Schedule. Your rights and responsibilities under the law are outlined in the Federal Reserve Board's Regulation E that was provided in your account opening disclosures. I hereby agree to indemnify and hold harmless LGE Community Credit Union from and against all claims that may arise against it by reason of acting pursuant to the foregoing authorization agreement. I hereby affirm that this information is correct.

Name (s) \_\_\_\_\_      Driver's License or other ID # \_\_\_\_\_  
(Please Print)

Signature \_\_\_\_\_      Date \_\_\_\_\_

**CANCELLATION**

Cancel on \_\_\_/\_\_\_/\_\_\_    Member Signature \_\_\_\_\_    Teller Initial \_\_\_\_\_

Accounting staff \_\_\_\_\_ & \_\_\_\_\_    Date: \_\_\_/\_\_\_/\_\_\_

**For Accounting staff use only**

Processed by: \_\_\_\_\_    Verified by: \_\_\_\_\_    Date: \_\_\_\_\_

You may present this form in person at any LGE office, or you may email it via secure email to:

[AccountingAssociates@LGEccu.org](mailto:AccountingAssociates@LGEccu.org)

**You may also fax this form to the Accounting Department at 770-420-3850**