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ACH ORIGATION
Incoming ACH Origination

Change Amount Change Frequency Change Date Change Institution

I (hereinafter, me or member) authorize Palmetto Health Credit Union

to originate Electronic Fund Transfers from Sending Institution Name & Location

beginning on MM/DD/YYYY in the amount of \$

and continuing each requested frequency until revoked by me in writing. This authorization replaces all previous authorizations that I may have made.

Select the Frequency of the Transaction:

- Weekly Bi-Weekly One-time Only
Monthly Semi-Monthly (15th and 30th of each month)

From Institution: Sending Institution Name

Choose account type: Savings Checking

Routing Number: (9 digits)

Account/MICR Number:

To: Palmetto Health CU

Choose account type: Savings Checking

PHCU Member Number:

PHCU Member Name:

Discontinue withdrawal when the loan is paid in full (By checking this box, you agree to have your drafts stopped once the loan is completely paid off.)

AGREEMENT:

Member Signature: Date

Phone #: Email Address

PHCU Employee Signature: Date

Branch:

DISCLOSURES AND IMPORTANT INFORMATION

Funds availability: Funds must be available two (2) business days prior to the actual transfer date. Please ensure that sufficient funds are available in your account to complete this transfer request.

For a one-time transfer: If funds are not available after the first attempt, the transfer will be cancelled.

For reoccurring transfers: If funds are not available after the first attempt, a transfer will take place on the next scheduled transfer date.

This authorization will remain in effect until you notify the Credit Union to stop/cancel. Please allow three (3) business days prior to the scheduled transfer date to cancel.

After TWO returned items the ACH Origination transfer may be canceled.

All terms and conditions of your Membership Agreement and Disclosures and Rate and Fee Schedule together with any Loan Agreements are incorporated herein by reference. To the extent any terms herein contradict the terms or conditions of any other agreement, these terms shall govern.

By signing this document, I authorize Palmetto Health Credit Union to transfer funds from my account at the financial institution indicated to my account at Palmetto Health Credit Union. This transfer will be completed electronically and takes approximately 10 business days for the initial transfer to complete. I acknowledge that the origination of ACH (Automated Clearing House) transactions to my account must comply with the provisions of U.S. Law.

10 Business Days advanced notice required to process initial setup, changes and revocation.

FUNDS COMING INTO PALMETTO HEALTH CU FROM ANOTHER INSTITUTION FOR A LOAN PAYMENT WILL BE DEPOSITED TO THE MEMBER'S DEPOSIT ACCOUNT. AUTO DISTRIBUTION WILL TRANSFER THE PAYMENT FOR PALMETTO HEALTH CU LOANS.

Palmetto Health CU will not reinstate prenotes if returned by RDFI because they cannot accept those entries.

When selected date is a holiday, items will be processed next business day.

In the event that Palmetto Health CU deposits/withdraws funds erroneously into my account, I authorize Palmetto Health CU to reverse the transaction on my account for an amount not to exceed the original amount of the erroneous credit.