

Automated Clearing House Origination Request

I hereby authorize West Virginia Central Federal Credit Union, herein after called 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

This 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 _____

Cancelation Section

I hereby notify the West Virginia Central 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: _____ Initial of MSR: _____

Cancellation Authorized Signature: _____