



# TRAVIS COUNTY CREDIT UNION

1101 North IH 35, Austin, TX 78702  
Tel: (512) 477-2641 / Fax: (512) 472-1324  
www.TCCU.net

## ACH Debit / Credit Origination Authorization Agreement

New       Update       Cancel/Revoke      Date of Request \_\_\_\_\_

Member Name: \_\_\_\_\_ Member Number \_\_\_\_\_

Choose One:       Debit Origination       Credit Origination       Internal Transfer

Institution Identifying Information (for Debit or Credit Origination Only)       Voided Check Attached

Institution Name      Mailing Address      City      State      Zip

Transit Routing (ABA): \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Type (Savings/Checking ) \_\_\_\_\_ Name Appearing on Account: \_\_\_\_\_

Date of First Transaction: \_\_\_\_\_ Frequency:  Monthly       Semi-Monthly       One-Time

Frequency :       1<sup>st</sup>       5<sup>th</sup>       10<sup>th</sup>       15<sup>th</sup>       20<sup>th</sup>       Last Day of Month

Total Amount of Transaction: \$ \_\_\_\_\_ To be Applied/Debited Accordingly:

Amount: \$ \_\_\_\_\_ T/F:  Savings  Checking  Loan  MasterCard CC Acct No/Suffix: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ T/F:  Savings  Checking  Loan  MasterCard CC Acct No/Suffix: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ T/F:  Savings  Checking  Loan  MasterCard CC Acct No/Suffix: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ T/F:  Savings  Checking  Loan  MasterCard CC Acct No/Suffix: \_\_\_\_\_

I hereby authorize Travis County Credit Union (TCCU), to initiate CREDIT/DEBIT entries to the account(s) at the depository financial institution named above. I acknowledge that the origination of ACH transactions must comply under the rules of the National Automated Clearing House Association (NACHA) and all provisions of U.S. Law and OFAC Regulations. Authorization will require funds to be available in the account prior to origination to allow reasonable time for processing on the requested date. Fees may be charged for any returned item in accordance with our Rate and Fee Schedule. Your Rights and Responsibilities under the law are outlined in the Federal Reserve Board's Regulation E that was provided when you opened your account, or you may request a copy at any TCCU branch location. This authorization will remain in full force and effect until TCCU has received written notification of its termination in such time and manner as to afford TCCU and the named depository financial institution reasonable opportunity to act upon it. The credit union must receive the written notice for cancellation three (3) business days prior to the transfer date.

I hereby agree to indemnify and hold harmless TCCU from and against all claims that may arise against it by reason of acting pursuant to the foregoing authorization and agreement. I hereby acknowledge that I have received, read and agree with TCCU Electronic Fund Disclosure and Truth-In-Savings Disclosure. I hereby affirm that this information is correct for my electronic ACH debit/credit.

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

**Credit Use Only:**  
Processed By: \_\_\_\_\_ Branch \_\_\_\_\_ Date: \_\_\_\_\_