



ACH Origination

I hereby authorize On Tap Credit Union™ to initiate credit / debit entries to my account indicated below at the financial institution named below, hereinafter called financial institution. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Other Financial Institution Information

Name on Account: _____

Payee's Account Number: _____

Account Type: _____

Institution Name: _____

Institution Routing Number: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

On Tap Credit Union™ Information

Member's Name: _____

Member's Account Number: _____

Daytime Phone Number: _____

Effective Date: _____

Frequency (One Time, Weekly, Monthly, Yearly): _____

Dollar Amount: \$ _____

Apply to ON TAP CREDIT UNION Account Number: _____

Account Type: _____

For DEBIT transactions, collect \$ 0.00 FEE from Account Number: _____

If FREQUENCY is other than "One-Time," this authorization is to remain in full force and effect until On Tap Credit Union™ has received written notification from me of its termination in such time and manner as to afford On Tap Credit Union™ and financial institution a reasonable opportunity to act upon it. This authorization may also be terminated with no further written notification from me on the date the loan account at On Tap Credit Union™, which the credit is for, is paid in full.

Signature: _____ Date: _____, 20____
(Member)

Employee completing the form: _____

**** When applicable, please attach copy of voided check. ****

Processed By: _____	Date: _____	Time: _____
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