Burlington Northtown
Community Credit Union

AGREEMENT FOR ACH ORIGINATION TRANSACTION

By signing this agreement, you authorize a one-time ACH between your checking/savings account with *Burlington Northtown Community Credit Union* and another institution for the dollar amount indicated below. A receipt for each payment will be provided to you and the charge will appear on your credit union statement as an "ACH Transaction".

○ I authorize a One-Time credit/deposit **TO** my **BNCCU**:   ○ Checking   ○ Savings

○ I authorize a One-Time Debit/ withdrawal **FROM** my **BNCCU**:   ○ Checking   ○ Savings

In the Amount of Amount: $_____

On this date: _____

Outside Institution Information:

Financial Institution Name: _____

Account Holder Name: _____

Routing #:   _____

Account #:   _____

Check one: ○ Checking deposit / Credit   ○ Savings Deposit / Credit

○ Checking withdrawal / Debit   ○ Savings withdrawal / Debit

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify *Burlington Northtown Community Credit Union* in writing of any changes or termination of this authorization at least 15 days prior to the next scheduled date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed the next business day. For ACH debits/credits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction date occurs. In the case of an ACH Transaction being rejected for Insufficient Funds (NSF) I understand that *Burlington Northtown Community Credit Union* may, at its discretion, attempt to process the transaction and you agree to an additional $20.00 fee for each attempted returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this account and will not dispute these scheduled transactions with my Credit Union; so long as the transactions correspond to the terms indicated in this authorization form.

_____
Account Number

_____   _____
Account Holder's Signature   Date