



109 N. Temple ~ Diboll, TX 75941
936-829-1616 ~ 1-877-829-1616 ~ Fax #: 936-829-1122

ACH Originations

Member Name _____ Account # _____ Date _____

Home No. _____ Cell No. _____

New _____ Change _____ Stop _____

Frequency: Weekly _____ Bi-Weekly _____ Monthly _____ Semi-Monthly _____ One Time _____

Day of week _____

Date of month _____

Institution to be debited:

Financial Institution _____

Amount _____

City/State _____

Account Name _____

Routing No _____

Account No _____

Phone No _____

Type: Savings _____ Checking _____

Institution to be credited:

Financial Institution: Temple Inland FCU

Amount _____

City/State: Diboll, TX

Account Name _____

Routing No: 313180808

Account No _____

Phone No: 936-829-1616

Type: Savings _____ Checking _____ Loan _____

I hereby authorize Temple Inland FCU to initiate Credit/Debit entries to my account(s) as stated above. I acknowledge that the origination of ACH transactions must comply with all provisions of U.S. law. This authorization will remain in force until Temple Inland FCU receives written notification requesting termination of the transaction. Please allow at least 3 days for cancellation processing. This request must be made in enough time to be able to process the termination request. I also agree that if my ACH item is returned I will be charged a **\$28 ACH NSF fee.**

Signature _____

Date _____

FOR CREDIT UNION USE ONLY Taken by: _____

Processed by: : _____

Date: _____