



Credit Union Use Only
MSR Initials _____
Check here if this is a change

AUTOMATIC PAYMENT/ DEPOSIT AUTHORIZATION
(ACH Origination)

I hereby authorize Columbine Federal Credit Union to initiate a DEBIT entry to my (our) account indicated below at the financial institution named below. I (we) acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. law.

MEMBER INFORMATION:

NAME _____

DAY TIME PHONE _____

CFCU ACCOUNT NUMBER _____

OTHER FINANCIAL INSTITUTION INFORMATION:

NAME _____

ADDRESS _____

CITY/STATE/ZIP CODE _____

ROUTING NUMBER _____ **ACCOUNT NUMBER** _____

ACCOUNT TYPE: CHECKING SAVINGS (check one)

*******PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM*******

CFCU PAYMENT INFORMATION:

STARTING DATE: ___/___/___

FIXED DOLLAR AMOUNT: _____

ACCOUNT NUMBER: _____

This authorization is to remain in full force and effective until Columbine Federal Credit Union has received written verification from me of its termination.

*****Please note that we need advanced notice of at least 5 business days in order to start or cancel an ACH.**

MEMBER SIGNATURE: _____ DATE: _____