



TRANSFER REQUEST BETWEEN FINANCIAL INSTITUTIONS

ACH ORIGATION AGREEMENT

All sections **MUST** be complete in order to process this request

Member Name: _____

CU Member #: _____ S Type: _____

Start date: _____ **TRANSFER FREQUENCY:** Check **ONE:**

Stop Date: _____ Bi-weekly or Monthly (Choose day, 1st - 28th) ____

Must allow 10 business days prior to the start date for account verification.

Semi-monthly 14th & 28th or 15th & Last Day

16150 Sherman Way, Van Nuys, CA 91406
877-MY-LAPFCU (877-695-2732)

Initiate Cancel/Stop

Change _____ to _____

DEBIT MY ACCOUNT AT:

Bank/Credit Union Name: _____

Name on account: _____

City, State: _____

ABA #: _____

Account #: _____

Amount \$: _____

Check **ONE:** Savings Checking

(If Checking, attach a voided check from the other Financial Institution.)

CREDIT MY ACCOUNT AT:

Bank/Credit Union Name: _____

Name on account: _____

City, State: _____

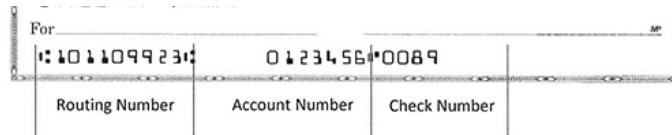
ABA #: _____

Account #: _____

Amount \$: _____

Check **ONE:** Savings Checking

(If checking, attach a voided check from the other Financial Institution.)



I hereby authorize the Los Angeles Police Federal Credit Union to initiate debit(s)/credit(s) (and/or corrections to the previous entries) to my account as indicated above. This authority will remain in full force and effect until I give LAPFCU written notification at least (3) business days prior to a scheduled transfer date. I agree that this account shall be governed by the terms and conditions of the LAPFCU Truth-in-Savings Disclosure and Agreement, and I acknowledge receipt of a copy of the Agreement. In addition, I agree to the following terms and conditions:

1. I understand that I must give ten (10) business day advance notice prior to start date.
2. When this transfer is for a LAPFCU loan, and the transfer amount is greater than the outstanding loan balance at LAPFCU, I authorize LAPFCU to pay off the loan, transfer any overage to my share savings account and cancel this transfer, followed by a written notification to me.
3. I understand that it is my responsibility to change the amount of this transfer if the amount of the loan payment changes for any reason. This requires completion of a new transfer agreement by me.
4. I understand that this service is not available for transferring payments to Credit Cards.
5. I understand and agree that if the transfer is from an LAPFCU account, the available funds must be in the account by the start of the Credit Union's business day on the transfer date. I further understand that a fee may be charged to my account at LAPFCU if the funds are not available for transfer on the specification date.
6. I understand that LAPFCU reserves the right to cancel this agreement and terminate this transfer, with or without cause, followed by a written notification to me.
7. I understand and agree that LAPFCU shall not be responsible for any act or failure to act on their part, except in the case of gross negligence or willful misconduct. Furthermore, I agree to hold LAPFCU harmless from any claims, liabilities, attorney's or other costs and expenses of any and every kind and nature which I may incur as a result of LAPFCU's performance under this authorization agreement.
8. I understand and agree that entries may not be initiated on my behalf that violate the laws of the United States.

Authorized Signature(s): _____ Daytime Phone: _____ Date: _____

For Credit Union Use Only:

Form Received by: _____ OP#: _____ BDU: _____ Date Received: _____ OFAC Performed by: _____

For Receiving Department Use Only:

Date Received: _____ Input By: _____ OP#: _____ OFAC form attached: _____ Date processed: _____

Please return this form via priority mail to P.O. Box 10188, Van Nuys, CA 91410

ATTACH VOIDED CHECK