



# TRANSFER REQUEST BETWEEN FINANCIAL INSTITUTIONS

## ACH ORIGINATION AGREEMENT

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

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

Member Name: \_\_\_\_\_

LAPFCU Member #: \_\_\_\_\_ S-Type: \_\_\_\_\_

Start date: \_\_\_\_\_ **TRANSFER FREQUENCY:**

Stop Date: \_\_\_\_\_  Bi-weekly;  Monthly; or Semi-monthly:  14<sup>th</sup> & 28<sup>th</sup> or  15<sup>th</sup> & Last Day

Initiate  Cancel  
 Change \_\_\_\_\_ to \_\_\_\_\_

### DEBIT MY ACCOUNT AT:

Bank/Credit Union Name: \_\_\_\_\_

Name on Account: \_\_\_\_\_

City, State: \_\_\_\_\_

ABA #: \_\_\_\_\_

Account #: \_\_\_\_\_

Amount: \_\_\_\_\_

Check **ONE:**  Checking  Savings \_\_\_\_\_

### CREDIT MY ACCOUNT AT:

Bank/Credit Union Name: \_\_\_\_\_

Name of Account: \_\_\_\_\_

City, State: \_\_\_\_\_

ABA #: \_\_\_\_\_

Account #: \_\_\_\_\_

Amount: \_\_\_\_\_

Check **ONE:**  Checking  Savings \_\_\_\_\_

**Routing and Account Number from Other Institution - Verified with:**  Voided Check  Institution Letter  Digital Image or  N/A Existing Setup



ATTACH VOIDED CHECK

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:

Date Received & Verified: \_\_\_\_\_ Form Input by (Op/Initials): \_\_\_\_\_ BDU Rep & Initials \_\_\_\_\_ OFAC Performed & Attached: \_\_\_\_\_ Authorization # \_\_\_\_\_