



Eaton Family
CREDIT UNION, INC.

Personal Banking Service-Quality You Deserve!

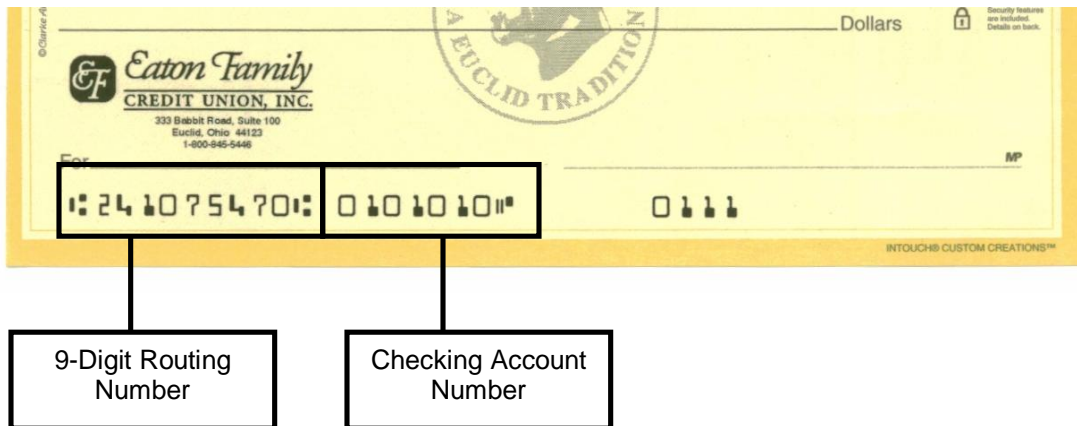
Automatic Clearinghouse (ACH) Instructions

ACH is the easiest way to transfer funds from one financial institution to another.

Members use ACH to start a saving account, add more funds to their current Eaton Family Credit Union account or make payments for example on a vehicle loan.

1. **Choose** whether you are sending money to Eaton Family Credit Union or transferring money out of your Eaton Family Credit Union account and whether this is a one time or recurring transaction.
2. **My Other Financial Institution** ó List the complete name of your other bank or credit union.
3. **My Other Financial Institution Routing #** - This information is readily available from the other bank or credit union. If you have a checking account then use the 9-digit number on the bottom of your check (see below).
4. **Other Financial Institution Account #** - For checking account number see bottom of the check or monthly statement for saving or loan account number.
5. **Amount To Be Transferred** ó List total dollar amount to be transferred on line next to account type number.
6. **Authorized Signature & Name** ó All account owners must sign and date this form.
7. **Send completed** form to Eaton Family Credit Union then we will contact you to verify your information.

Fax: 216-920-2030
 Email: member@EatonFamilyCU.com
 Mail: Eaton Family Credit Union
 333 Babbitt Road
 Euclid, OH 44123
 Attention: Diane





Authorization for Automatic Clearinghouse (ACH)

Check All That Apply

Out of EFCU

Into EFCU

One Time Only

Recurring Transfer to start on this date _____ and every (circle) day / week / month thereafter

Eaton Family Credit Union is hereby authorized to initiate an ACH entry to my/our account as indicated at the institution and for the amount stated below:

My Other Financial Institution _____

My Other Financial Institution Routing #

Checking Account # _____ \$ _____

Savings Account # _____ \$ _____

Loan Account # _____ \$ _____

Member Name (Print) _____

EFCU Account Number _____

By signing below I state that I am authorized to conduct transactions on the above account.

Authorized Signature _____ Date _____

Home Phone _____ Work/Cell Phone _____

Transactions received by 2:00 PM should be completed the next business day. All debits and credits must comply with U.S. law. They may be revoked within 60 days from settlement date. Any NSF or related fees will be electronically debited from your account.

FOR CREDIT UNION USE ONLY

Share Draft Account # _____

Share Savings Account # _____

Loan Account # _____

To verify member identity, please check below OR Notary Stamp. For EFCU initiation note recorded phone call below.

Mother's Maiden Name (first 3 letters) _____

Driver's License or State ID (first 3 digits) _____

____ Recorded Phone Call

To recur on the _____ day of each _____

Recurring Amount _____ Date _____

Teller # _____ Date _____

Accounting _____ Template ID _____

