

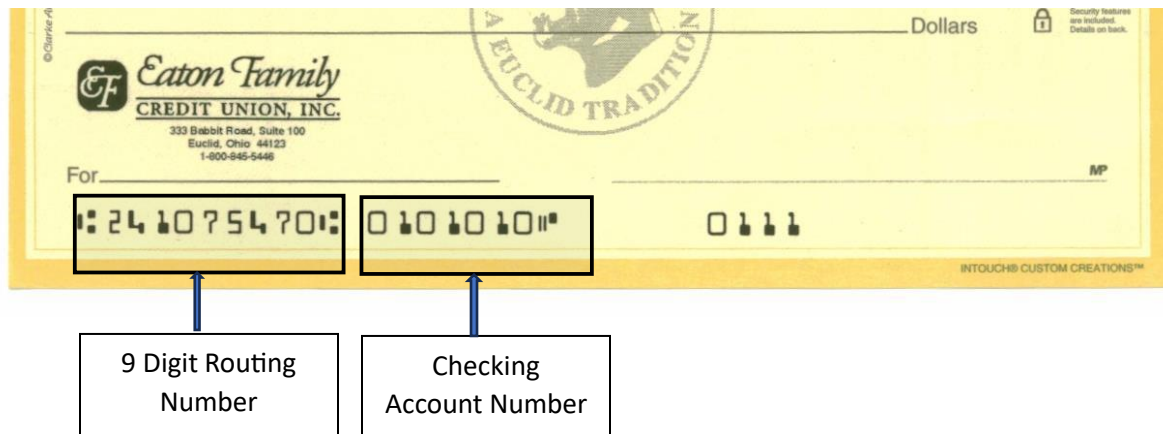


Personal Banking Service-Quality You Deserve!

Automatic Clearinghouse (ACH) Instructions

ACH is the easiest way to transfer funds from one financial institution to another. Members use ACH to start a savings account, and to make payments on loans or credit cards.

1. **Please review this form in its entirety.** Choose whether you are sending money to Eaton Family Credit Union (**Incoming Funds**) or transferring money out of your Eaton Family Credit Union account (**Outgoing Funds**).
2. **Name of Other Financial Institution** – List the complete name of other bank or credit union name.
3. **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** – List total dollar amount to be transferred on line next to account type number.
6. **Authorized Signature & Name** – All account owners must sign and date this form. Proof of ownership is required for verification (i.e. a voided check or statement showing complete routing and account number. Our accounting department may contact you to verify your information.



7. **Send the completed form to Eaton Family Credit Union to the following options below.**

*You may also request this form electronically through eDoc, please contact us directly at 216-920-2000 for more information.

Fax: 216-920-2030

Email: member@EatonFamilyCU.com

Mail: Eaton Family Credit Union
Attn: Accounting
333 Babbitt Road
Euclid, OH 44123

333 Babbitt Rd. • Euclid, Ohio 44123 (216) 920-2000 • (800) 845-5446 • Fax (216) 920-2030



Authorization for Automatic Clearinghouse (ACH)

Circle One: Outgoing Funds Incoming Funds Change Cancel
*Please skip to EFCU, sign & date.

Frequency - Circle One:

One Time Only Monthly Semi-Monthly
Date: Start Date: Dates: and

Please allow up to three (3) business days for processing new ACHs and up to five (5) business days to change or cancel, please submit your request accordingly in a timely manner. Any modifications, returned NSF's or stop payments, will incur a fee. Please reference the member fee schedule for details. This request will remain in effect until a signed form is received to change or cancel. Once a loan or credit card is fully repaid, it is the members responsibility to notify the credit union of the ACH cancellation.

Eaton Family Credit Union (EFCU) is hereby authorized to initiate an ACH entry to the account as indicated at the institution listed below:

Eaton Family Credit Union Information - (Please Print)

Member Name: EFCU Account Number:

Cancel ACH Sign Here: Date

Savings (Suffix): Amount: \$ Checking (Suffix): Amount: \$

Loan (Suffix): Amount: \$ Phone Number:

Other Financial Institution Information (Please Print)

Institution Name: Routing Number:

Account Holder Name

Savings Account Number: Amount: \$

Checking Account Number: Amount: \$

I am legally authorized to conduct this ACH transaction on the account(s) listed above. All debits and credits must comply with U.S. law. They may be revoked within 60 days from the settlement date. I understand my EFCU account will be debited or credited according to the authorization provided above. This request will remain in effect until a request is submitted to change or cancel. EFCU reserves the right to terminate this ACH authorization in the event of account neglect.

Authorized Signature: Date:

FOR CREDIT UNION USE ONLY

Teller Number: Date:

Accounting Initials: Date Processed: