



ACH Debit Origination Agreement

(Loan Payments Originating from Other Financial Institutions)

\$ _____
Loan Payment/ACH Debit

Per: _____
monthly/weekly/bi-weekly

Date to Begin: _____
Transfer Date must occur before Due Date
Funds may be withdrawn up to 2 days prior

Financial Institution Name

Select One: ☐ Checking
☐ Savings

Routing Number

Account Number

Recurring ACH Debit Origination Agreement

I hereby authorize Raritan Bay Federal Credit Union (RBFCU) to initiate ACH Debit entries to my Account as indicated above. This authority is to remain in full force and effect until RBFCU has received written notification from me of its termination in such time and manner as to afford RBFCU a reasonable opportunity to act on it, no less than 5 business days prior to transfer date. All ACH Debits from your account (noted above) to your loan are provisional. If payment is returned, we reserve the right to charge your account for those ACH Debits and impose a return Fee on your loan. RBFCU reserves the right to refuse ACH Debits or to return all or any funds transferred. If on any transfer date RBFCU attempts to originate an ACH Debit and there are not sufficient funds in your account to cover the transfer, RBFCU will attempt one (1) additional ACH Debit for that payment. If the ACH Debits are returned for three (3) consecutive months, then we will cancel your ACH Debit. In the event of cancellation, the only way to reinstate your ACH Debit origination for your loan payment is to contact RBFCU. **Where ACH Debits are originated for a loan payment(s), the monitoring of the loan balance, the final payoff amount and the cancellation of the ACH Debit Agreement are the responsibility of the member. RBFCU is not liable for ACH Debits made or any cost incurred by the member in the event that the ACH Debit Agreement is not cancelled at the time a loan is paid off.**

You may receive automated text message reminders before your loan due date. If you do not wish to receive these text message notifications, you may opt out of these at any time by following the opt-out instructions provided in the text message.

By signing below, I acknowledge that I have read, understand, and agree to all the statements and terms set forth above.

Print Member's Name

Member's RBFCU #

RBFCU Loan #

Member's Signature

Telephone #

Date

Raritan Bay Federal Credit Union Use:

Employee's Name Verifying Form: _____

Date: _____

Accounting Dept's Employee's Name: _____

Date: _____

491 Raritan Street, Sayreville, NJ 08872

Tel 732.727.3500 • fax 732.727.2527

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8.2026 AES