

ACH ORIGINATION AUTHORIZATION

Name:

Are you changing origination institution:

At Central MN Credit Union (CMCU)

Other Financial Institution

I authorize Central Minnesota CU to:
Deposit into Savings

Authorize Financial Institution(FI)
Withdrawal from Checking

Name on Account: **Church of Seven Dolors**
Acct # 66342
ID# 20

Name on Account:
Routing Number:
Acct #:
Name of FI:
City of FI:
State of FI:

How often will this transaction occur? _____

Amount to be withdrawn from account during this transaction? _____

By signing below, I (we) agree:

- That all account information above is accurate
- I (We) authorize, Central Minnesota Credit Union to initiate electronic entries to correct entries done in error.
- This authorization will remain in effect until it is revoked in writing or the account is no longer open.
- All items are processed the business day before the funds will be post. Any item that has insufficient funds will not be processed.
- If the name on the account at the other Financial Institution is different, the account holder must also sign this form in front of the CMCU

Print Name: _____ Initial _____

Signature Date

Print Name: _____ Initial _____

Signature Date

I hereby revoke this authorization effective on: _____ Please Initial _____ and _____