



1278 Rocky Point Drive • Oceanside, CA 92056  
800.736.4500 • frontwavecu.com

## ACH Origination Form - Non Business Account

Member Number: \_\_\_\_\_

<b>Check One:</b>	<b>Start Transfer</b>	<b>Change Transfer</b>	<b>Cancel Transfer</b>
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By completing and signing this form, you authorized Frontwave Credit Union to establish recurring transfer from or to your Frontwave Credit Union account on a schedule you establish as specified herein. Start and Change Transfers will need a minimum of (5) days to be set-up before the first transfer. **Note: If the form is incomplete and/or the information provided is inaccurate, and the transfer does not occur, Frontwave Credit Union will not be held liable for any related loss or penalties incurred by the member named herein.**

- One account must be a non-business Frontwave Credit Union account and the other must be a non-business account at another financial institution within the jurisdiction of the United States.
- You must be the owner of the "From" checking or savings account.

Amount: _____	Start Transfer On: _____	Frequency: _____	Once a Month on the _____
			Twice a Month on the _____ and _____

**\*\*CANNOT ATTACH TO A LOAN W/OTHER INSTITUTION\*\***

Transfer FROM:      Checking Account      Savings Account	Transfer TO:      Checking Account      Savings Account
1. Legal Name on Account: _____	1. Legal Name on Account: _____
2. Member Number: _____	2. Member Number: _____ Frontwave loan #: _____
3. Check One: <b>Frontwave Account</b> <b>Non-Frontwave Account</b>	3. Check One: <b>Frontwave Account</b> <b>Non-Frontwave Account</b>

**Complete below if Non-Frontwave Account**

4. Financial Institution Name: _____	4. Financial Institution Name: _____
5. Routing Number: _____	5. Routing Number: _____

The Routing Numbers can be found at the bottom of a check from the receiving financial institution. It is always nine digits long and is always bracketed by the computer symbol that looks like a vertical line followed by two dots. All valid Routing Numbers start with a 0, 1, 2 or 3. The other two numbers are the account number and the check number.

⑆000000000⑆ 123456789⑆00020

↑                  ↑  
This is the routing number

ACH Transfer requests will be processed on the day requested, unless the scheduled date falls on a weekend or federal holiday. The transfer will then be made on the business day preceding the weekend or holiday. For transfers to another financial institution, we cannot guarantee when the receiving financial institution will make the funds available.

To cancel this authorization you must submit a written request no less than (3) business days prior to the scheduled transfer. The transfer may not be able to be stopped if notice is provided in less than three (3) business days.

If the automatic transfer is returned for any reason, including non-sufficient funds, Frontwave Credit Union may assess a fee, as specified in Frontwave Credit Union's Schedule of Fees & Charges. Frontwave Credit Union may attempt to make the transfer (3) three additional times before deeming the transfer as an unpaid return. This Authorization shall remain in full force and effect until Frontwave Credit Union has received written notification from me (or Joint member) of its termination in such manner as to afford Frontwave Credit Union a reasonable opportunity to act on it. However, Frontwave Credit Union has the right to terminate the authorization agreement for any reason. (ie: Invalid account number, non-sufficient funds (NSF), Account Closed or in accordance with the Terms and Conditions Disclosure). I also agree that the authorization transfer to/from my account must comply with all applicable federal and state laws or regulations including OFAC regulations. **By signing below, I agree that I have read this form in its entirety and attest by signing below, that the information provided by me is true and correct, and that I will not hold Frontwave Credit Union liable for any related loss or penalty I incur, if the required information I provide is inaccurate or incomplete.**

Member Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Ink Signature Required**

<b>(Credit Union Use Only)</b> User ID: _____	Branch Number: _____	Teller Notes Below:
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