## Authorization Agreement for ACH Origination From TNFCU



	The state of the s	FEDERAL CREDIT UNION
New authorization		
Change authorization		
Termination of authorization		
Member Name:		Member Account Number:
I hereby authorize True North Federal financial institution (DEPOSITORY) name		H entries for my account(s) as indicated below with the depository ng two boxes:
From (Debit): TNFCU		
Account Number:		
S I		
(Share) (Loan)		
To (Credit): Other Financi	al Institution Name:	
	(9 digits) Account Number	
Type: Savings Checking*	Loan Amount	
		afan filmda fanna yayın Manayı Mankatıyın
*A Money Market account is considered a will need the full routing and transit numb		
· ·	·	· ·
Start Date*:	End Date:(if P	known)*Must give one business days' notice.
Frequency: Annually		Quarterly
Biweekly		Semi-Monthly Last (15th & end of Month)
Semi-Annually		Semi-Monthly (14th & 28th of Month)
Monthly on the Monthly at the end of	the month	One Time Only on
Wienany at the end of	ino month	- Woody
Il entries transmitted by the member and the cr	edit union are bound by the NACHA Opera	ting Rules. Member has authorization to debit or credit the account at the receiving
		onsumer Financial Protection Bureau Regulation E which is included in the Credit ating transactions to any account blocked by the Office of Foreign Asset Control
OFAC). Credit Union will make every effort to pr	ocess, transmit and settle for transactions,	but is not liable for any inconsequential, special, punitive or indirect loss or damage se on the transaction are inconsistent, the receiving financial institution may
redit/debit the account solely on the account	nt number. The Credit Union will not be he	eld responsible for losses incurred due to an inaccurate routing or account number
ansmitted on the member's behalf or fund any	returns received for prior debit entries tran	an account at the credit union with available funds to cover any credit entries is mitted by Credit Union during the term of the agreement. Credit Union may debit
		nis agreement with ten days written notice and such termination does not affect the iginal ACH Authorization Agreement, the authorization will remain active until the
credit union has received this written notice. Fee	s will be charged for any returned item in a	ccordance with the Credit unions schedule of fees.
Member Signature	Date	_
ŭ	Date	
FOR TNFCU USE ONLY		
Received by:	Date received:	In Person Telephone Mail