



Authorization Agreement for Electronic Transfer

Type of Request New Cancel Update*

*Include the NEW information in the appropriate area(s) of this form.

I want to transfer money To my Enbright account/loan From my Enbright account

Enbright CU Account Number	Enbright CU ID # to Credit - Use one form for each ID being credited.
	Checking # _____ Savings # _____ Loan # _____

I authorize Enbright Credit Union to initiate debit entries at the financial institution below, starting on the _____ of each _____ beginning on _____ in the amount of \$_____.

Depository Name: _____ Routing Number: _____

Checking Account No: _____ (or) Savings Account No: _____

***** Please attach a voided check to this form - if checking account is selected. *****

This authorization is to remain in effect until Enbright has received written notification from me (or either of us) of its termination in such a time and in such a manner as to afford Enbright and DEPOSITORY a reasonable opportunity to act on it. For origination of Enbright loan payments, I (we) authorize Enbright to discontinue the debit from my other financial institution for my Enbright loan payment if the loan is paid off no later than 3 business days prior to the next scheduled transfer date. Otherwise, I (we) understand the scheduled transfer amount will be credited to my Enbright savings account and Enbright will discontinue the debit from my other financial institution for this loan payment prior to the next month's scheduled transfer. I (we) understand that Enbright is not responsible for any fees, penalties, or late charges which may arise if an ACH debit is rejected by the other financial institution. Furthermore, 2 consecutive rejected transfers may result in termination of this agreement and directed to the ENBRIGHT Collections Department for further action. Rejected transactions are subject to Enbright's Insufficient Funds Fee. Please see Enbright's Fee Schedule at www.enbrightcu.com.

Primary or Joint Member Printed Name	Signature	Date
Other Financial Institution Account Holder Printed Name	Signature	Date

Cancel Request for Electronic Transfer

I (we) hereby request Enbright CU to terminate debit entries at DEPOSITORY named above. To be effective for the next scheduled transfer date, I understand this request must be received no later than 3 business days prior to that date.

ENBRIGHT Account Number: _____ Dollar Amount(s): _____

Primary or Joint Member Printed Name	Signature	Date
Other Financial Institution Account Holder Printed Name	Signature	Date

ENBRIGHT Use Only: Enbright Credit Union, 2340 Jackson Downs Boulevard, Nashville, TN 37214

ACH EFT created/cancelled by: _____ Date: _____