Communicating Arts
Credit Union

EXTERNAL ACCOUNT TRANSFER SIGN-UP FORM

(For ACH Origination)

☐ New
☐ Change/Update

(IMPORTANT! Please verify ALL information with your financial institution(s) before completing this form.)

Name: _____ ***CACU Account #:*** _____

Member e-mail address: _____ *for contact and verification purposes*

Home Phone *(_____)* _____ ***Daytime Phone*** *(_____)* _____

I (We) would like to have funds
TRANSFERRED ☐ ***FROM*** ☐ ***TO***
(Check only one)

_____ Type of account ☐ Savings ☐ Checking
Financial Institution Name

_____ ___ ___ ___ ___ ___ ___ ___ ___ ___
Account number *Routing & Transit number*

_____
Financial Institution Address *City* *State* *zipcode*

Transfer:
Start Date _____ Expiration Date *(If any)* _____

Frequency *(Check only one)* ☐ On Demand through Internet Branch ☐ Automatic Monthly indicate date: _____

FOR DISTRIBUTION ☐ ***FROM*** ☐ ***TO*** ***my/our CACU account:*** ☐ ***Savings*** ☐ ***Checking***
(Check only one) *(Check only one)*

Notice: Transfers cannot be transacted between 12:30 PM and 1:30 PM every weekday. Transfers initiated after 1:30 PM will be processed the following business day.

Authorization for Pre-Authorized Withdrawals or Deposits

I (we) hereby authorize Communicating Arts Credit Union to receive/send money on my (our) behalf to/from the account and financial institution named above. Such transactions will be authorized by this agreement and will be changed only by my written request. I (we) agree that I (we) assume all risk for any incorrect or insufficient information provided on this form. I (we) authorize all entries to adjust or correct errors. I (we) agree that these transactions and adjustments may be made electronically and under the Rules of the National Automated Clearing House Association. This authorization will remain in effect until written cancellation is provided to Communicating Arts Credit Union and in such a manner as to allow a reasonable opportunity to act on it. I (we) agree that if funds are not available at time of transfer, I (we) will be responsible for a $25.00 insufficient funds fee. I (we) acknowledge that Communicating Arts Credit Union may cancel this request at any time at their own discretion or on three or more insufficient funds attempts. I (we) acknowledge that five business days advanced notice is required to process initial setup, changes and revocation.
There is no charge for an External Account Transfer.

Please attach a voided check/deposit slip for the other financial institution account

Primary Member Signature: _____ ***Date:*** _____

Joint Member Signature: _____ ***Date:*** _____

Complete this form and mail to: CACU, Attention ACH, P.O. Box 141239, Cincinnati, Ohio 45250-1239
We recommend that you keep a copy for your records.
Confirmation of set-up will be sent via e-mail.

For staff use
Rec'd _____
Set –up _____
Staff _____