



ACH Debit Origination



Select One: New Form Modify DBO on file (old DBO will be deleted)

I, _____, hereby agree that Florida State University Credit Union is authorized to
(Name as it appears on account to debit)
debit my account at another financial institution through automatic clearing house (ACH) transfer.

Other Financial Institution Information:

Name of Institution: _____

City, State & Zip: _____

Routing #: _____

Account #: _____

Account Type (circle one): Checking Savings

Amount of debit: \$ _____

Date of first debit: _____ (must be at least 10 business days from date this form is received)

Frequency (circle one): Monthly Biweekly Weekly Semimonthly
(Only available for payments due the 15th/31st)

FSUCU Account & Suffix to be credited: _____ in the name of _____

I understand that this agreement may be terminated upon my written request, but my request must be made to the credit union a minimum of ten days before the scheduled debit & must specify if one or all debits are being stopped.

Should the debits be returned for any reason, or there is any problem with the transfer, I understand that the credit union will not be responsible for any fees or penalties that could occur to the expected recipient of the funds as a result of the returned ACH debit origination, or for any matter relating to the transfer.

(Account signature at other financial institution)

(Date)

Required for non-members (must be signed in front of CU employee or notarized):

Address: _____

SS#: _____

ID: _____

Daytime Phone: _____