Cal State L.A. Federal Credit Union

2445 Mariondale Ave, Los Angeles, CA 90032
Phone: (323) 505-2600 Fax: (323) 505-2613

ACH Origination Form

(transfer funds from one financial institution to another)

Action

☐Start ☐Stop Change: ☐Amount ☐Institution ☐Date (current date:_____)
☐One-time transfer (fee may apply) Reason for stop: _____

Member Information

Name: Acct #:

Email Address:

Home Phone: Cell: Work:

I represent that I am authorized to execute this payment and I indemnify and hold harmless CSLA-FCU from damage, loss or claim resulting from my instruction below. I agree that ACH transactions I authorize comply with all applicable law, I authorize Cal State L.A. Federal Credit Union to electronically debit my account (and if necessary electronically credit my account to correct erroneous debits) as follows:

From

Name of Financial Institution:

Routing # of Financial Institution (9 digits):
Routing number may be left blank if you are transferring from CSLA-FCU

☐Checking ☐Savings Send a total of: $

Account Number: Accountholder Name:

New Start Date (example: 06/01/2015):

Frequency Per Month: ☐Once on the_____of each mo. (example: 1st) ☐Twice on_____&_____of each mo. (example: 1st & 15th)
☐Every other week on_____ (example: Fridays) ☐Once every week on _____ (example: Fridays)

If the scheduled date falls on a non business day, the transfer will occur the following business day.

To

Name of Financial Institution:

Routing # of Financial Institution (9 digits):
Routing number may be left blank if you are transferring to CSLA-FCU

Account Number: Accountholder Name:

Distribution (where do you want the funds to go in your account)

Account Type	Account Number & Suffix (example: 1111111-A)	Amount
Checking		
Savings		
Loan		
Other:_____		☐Min. Payment OR $_____
	Total	**$**

Notes:

I understand that this authorization will remain in full force and effect until I notify Cal State L.A. Federal Credit Union in writing by mail at 2445 Mariondale Ave, Los Angeles, CA 90032 that I wish to revoke this authorization. I understand Cal State L.A. Federal Credit Union requires at least 7 days prior notice in order to cancel this authorization. I understand that in the event my ACH is rejected two consecutive times for the same origination; the Credit Union will automatically cancel the origination and I will need to set up a new origination.

Member Signature:_____ **Date**:_____

The credit union is not responsible for any fees charged by other financial institutions. Please ensure funds are available in your account on the schedules date(s). Questions about filling our this form? Please call (323) 505-2600x103.

Revised: 10/16/25

Form received by: _____ Date: _____ Loan rate changed: ___Yes ___No ___ N/A