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
for HELOC Payments

Action

☐Start ☐Stop Change: ☐Amount ☐Institution
☐ 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):

☐Checking ☐Savings Account Number:

Date: ☐ Specific Day of Month ____________ ☐ Payment Due Date (25th)

Frequency Per Month: ☐ One-time ☐ Recurring
☐ Minimum payment due ☐ Full Statement Balance

Additional principle payments may be made by contacting the credit union

To

Name of Financial Institution: Cal State LA Federal Credit Union

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

Account Number:

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.

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 scheduled date(s). Questions about completingthis form; you may contact us at: (323)505-2600.

I understand the Home Equity Line of Credit monthly payment has the ability to fluctuate on a monthly basis upon an advance being made or when the rate changes. I acknowledge that the payment I am authorizing may increase or decrease based on these terms. Payments received after the payment due date of the 25th of the month are considered late. I understand if I set up my payment to be made on a date after the due date, my payment is considered delinquent. If the payment is not received before the end of the grace period; a late fee will accrue. If the 25th of the month falls on a weekend or a Federal Holiday when the Credit Union is closed; your payment will be posted on the following business day.

Member Initials: __________

Form received by: ___________________________ Date: ________________