



## Consumer ACH Origination Form

TRANSFER TO:

### Account Information

Name(s) on account: \_\_\_\_\_

Member Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Type: ☐ Consumer Loan ☐ HELOC ☐ Checking ☐ Savings ☐ Business Loan ☐ Credit Card

### Payment Information

Desired Start Date\*: \_\_\_\_\_

\*Please allow up to 30 days for your automatic payment to begin. A confirmation notice will be sent informing you of the start date and amount.

### Frequency

☐ Monthly \_\_\_\_\_  
(Designate day of month)

☐ Twice a Month \_\_\_\_\_  
(Designate two days of the month)

☐ Weekly \_\_\_\_\_  
(Designate day of the week)

☐ Bi-Weekly \_\_\_\_\_  
(Designate start date/Day)

☐ Quarterly \_\_\_\_\_  
(Designate day of the month)

### Amount

☐ Credit Card- Full Statement Balance

☐ Credit Card-Statement Minimum Payment

☐ Exact Amount\* of my GTE Loan Payment: \_\_\_\_\_

☐ Pay a fixed amount greater than minimum due: \_\_\_\_\_  
(auto/personal loan)

\*If the loan payment amount changes, GTE will adjust the amount of your ACH Origination accordingly (except for revolving lines of credit) and notify you at least 10 calendar days before the next scheduled payment date.

TRANSFER FROM:

Please complete or attach a voided check with imprinted name

Name(s) on account: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

ABA Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Type: ☐ Checking ☐ Savings ☐ Business Checking

I (we) authorize GTE Federal Credit Union DBA GTE Financial, hereinafter called GTE, to initiate debit/credit entries to my account indicated above and authorize the financial institution named above to debit/credit the same to such account on or about the day and in the amount indicated above. I (we) acknowledge that the origination of ACH Transactions must comply with the provision of U.S. law and the NACHA Operating Rules.

This authority is to remain in full force and effective until GTE and the financial institution listed above have received written notification from me/us of its termination in such time and in such manner as to afford GTE and the financial institution listed above a reasonable opportunity to act on it. If the initiated credit entry is returned by the receiving financial institution for any reason, a returned ACH Origination Fee will be applied to my GTE account (see Schedule of Current Charges for amount). In the event there is an error in the processing of my (our) transfer, I (we) authorize GTE to initiate debit or credit entries to my account to correct such erroneous transfer, provided that any such corrections are made in accordance with applicable laws and regulations. I (we) understand that GTE may cancel this agreement at their discretion.

Print Name(s): \_\_\_\_\_ Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail completed form to GTE Financial, 711 E Henderson Ave, Tampa, FL 33602 or fax to 813.414.8515.

### FOR GTE USE ONLY

Processed By: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Verified By: \_\_\_\_\_ Date Verified: \_\_\_\_\_