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Certified Federal Credit Union

ACH ORIGINATION AUTHORIZATION FORM

Attn: Loan Department
PO Box 8023 | El Monte, CA 91734

SECTION I — NEW ORIGINATION / MODIFICATION | Complete this section to establish or change an existing ACH loan payment

REQUEST TYPE (select one)

☐ New Origination ☐ Modify Existing ACH Origination

MEMBER INFORMATION

Member Name | **CFCU Member Number** | **Loan ID**

Member Phone Number | **Member Email Address** | **Date of Birth / Last 4 SSN (verification)**

PAYMENT DETAILS – *(1st and 2nd Mortgage payments can only have Monthly Payment Frequency)*

Effective Start Date | **Payment Amount ($)** | **Payment Frequency:** ☐ **Weekly** _____ ☐ **Bi-Weekly** (Friday only)

☐ **Monthly -** Day: _____ ☐ **Semi-Monthly** — Day 1: _____ Day 2: _____

EXTERNAL FINANCIAL INSTITUTION ACCOUNT

Account Holder Name (as it appears at the other institution)

Financial Institution Name | **Routing & Transit Number (9 digits)** | **Account Number** | **Account Type**

☐ Checking ☐ Savings

AUTHORIZATION & NACHA / REGULATION E DISCLOSURES - By signing this form, you authorize Certified Federal Credit Union to establish recurring transfers to your CFCU Loan on a schedule you establish as specified herein. Note: If form is incomplete, transfer will not occur. I understand that the use of the Automated Clearing House (ACH) transactions is governed by the Electronic Funds Transfer Act and NACHA Operating rules, and I agree to abide by them. I further acknowledge that any such transactions I have authorized are compliant with provisions of all applicable laws. It may take up to three (3) business days to initiate this request. This authorization will remain in effect until CFCU receives written notification of its termination. In the event of an erroneous transaction, I authorize CFCU to initiate reversing entries in order to correct erroneous transactions.

To cancel this authorization, you must contact CFCU no less than three (3) business days prior to the next scheduled transfer. The transfer may not be able to be stopped if notice is provided in less than three (3) business days. We may require you to give written confirmation of a stop- payment order within 14 days of an oral notification. CFCU has the right to terminate this authorization agreement for any reason. If the automatic transfer is returned for any reason, including non-sufficient funds, CFCU may assess a fee as specified in our Fee Schedule and Membership Agreement. CFCU will deem the transfer as an unpaid return after the first payment attempt is returned as unpaid.

Transfers that were initiated for loan payments will continue after the loan is paid off or has a zero balance, until you contact CFCU to cancel the transfer. For CFCU loans, funds from the other financial institution will be deposited to your savings account until you cancel the transfer.

Initials: _____ Mortgage Loans: I understand and acknowledge that my CFCU mortgage loan payment includes an escrow component for the payment of property taxes, hazard insurance, and/or other escrowed items. In accordance with the Real Estate Settlement Procedures Act (RESPA, 12 U.S.C. § 2609) and applicable federal regulations, CFCU conducts periodic escrow analyses, which may result in an adjustment to my total monthly mortgage payment.

By signing this authorization, I hereby provide my advance consent to CFCU to automatically debit my external account identified herein for my adjusted mortgage payment amount as recalculated following each escrow analysis. I expressly agree that I do not require advance per-change notice of a revised debit amount provided the adjustment falls within the range described below. I understand and agree that my execution of this authorization constitutes my advance consent to all such in-range adjustments for the duration of this authorization, without the need for a new or separate authorization.

Agreed Payment Range: I authorize CFCU to debit my account for any mortgage payment amount that does not exceed my most recently disclosed payment amount by more than $100.00 or 10%, whichever is greater. Adjustments that fall within this range will take effect on the date stated in my annual Escrow Account Disclosure Statement without additional notice or signature.

If my recalculated payment falls outside this agreed range — meaning an increase or decrease exceeding $100.00 or 10% of my current payment, whichever is greater — CFCU will provide me with at least ten (10) days' advance written notice of the new payment amount before initiating the revised debit. I understand that my failure to respond to such notice does not constitute additional authorization; CFCU will not initiate the out-of-range debit without my affirmative written consent or a new executed authorization.

I understand that CFCU will provide me with an annual Escrow Account Disclosure Statement as required by RESPA, which will reflect changes to my escrow payment and total monthly payment amount. It is my responsibility to review all such correspondence. This variable payment authorization applies solely to adjustments arising from CFCU's escrow analysis and does not extend to any other changes to my loan payment, including rate adjustments on adjustable-rate mortgages, which remain subject to the separate notice requirements of applicable law and my loan agreement.

Member Signature | **Date** | **CFCU Staff Initials**

SECTION II — CANCELLATION OF ACH LOAN PAYMENT | Complete ONLY to cancel a previously authorized recurring ACH debit

Member Name | **CFCU Member Number** | **Loan ID**

External Financial Institution Name | **External Account Number** | **Requested Cancellation Effective Date**

CANCELLATION AUTHORIZATION (NACHA / Regulation E) - By signing below, I revoke the ACH debit authorization previously granted to CFCU for the loan payment identified above. I understand this revocation is subject to a minimum three (3) business day advance notice requirement per NACHA Operating Rules and Regulation E (12 C.F.R. § 1005.10). I understand that CFCU may require written confirmation of this cancellation within 14 days of any oral notification. Cancellation of this authorization does not relieve me of any outstanding loan payment obligations to CFCU.

Member Signature | **Date** | **CFCU Staff Initials**