



## ACH Debit Origination Authorization and Requests

This *ACH Debit Origination (DBO) Form* should be completed to move funds from another account to your Summit account.

**Instructions:**

- Complete all applicable fields on this form.
- Submit this form and all supporting documentation to Summit Credit Union:
  - Deliver to any branch or
  - Fax to **608-243-5029** Attn: Operations Support or
  - Mail to: Summit Credit Union, PO Box 8046, Madison, WI 53708

**Time Frames:**

Allow one (1) week for processing.

Name:	Date:
Day Phone:	Email:

I (We) hereby authorize Summit Credit Union (SCU) to initiate debit/credit entries from my (our) account indicated below at the depository financial institution named below for deposit to my (our) SCU account.

**Depository Financial Institution**

Name of Financial where funds are coming from:	
Routing/ABA Number:	
Account Number	
Type of Account	<input type="checkbox"/> Checking (default) <input type="checkbox"/> Savings

**Distributions at Summit Credit Union**

<b>Start Date:</b>	<b>Frequency:</b> <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly		
<small>(If no date selected, due date will be used)</small>	<small>(If frequency not selected, Monthly will be used)</small>		
<b>SCU Account #</b>	<b>Suffix</b>	<b>Amount</b>	<b>Action to be taken</b>
	<input type="checkbox"/> Savings <input type="checkbox"/> Loan <input type="checkbox"/> Checking	\$	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete
	<input type="checkbox"/> Savings <input type="checkbox"/> Loan <input type="checkbox"/> Checking	\$	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete
	<input type="checkbox"/> Savings <input type="checkbox"/> Loan <input type="checkbox"/> Checking	\$	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete

I(We) acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law. This authority will remain in full force and effect until I (we) notify **SCU** orally or in writing to cancel it. I (We) can stop the payment of any entry by notifying **SCU** three (3) business days before my (our) debit is scheduled for payment. This stop payment may be subject to a stop payment fee as listed in our fee schedule. I (we) understand it is my (our) responsibility to notify **SCU** of such a change and will allow **SCU** three (3) business days to make the necessary adjustments.

I(We) further acknowledge that any ACH entries returned to **SCU** insufficient/uncollected funds/stop payment is subject to a returned item fee as listed in our fee schedule, which will be charged to my(our) savings account. If a payment is returned, I (we) understand it is my (our) responsibility to make other payment arrangements to keep our loan current. I (We) understand that any payoff request will include any returned item fees. In addition, the account cannot be closed if there is a balance owed on returned item fees.

\_\_\_\_\_  
Signature (Primary Owner)

\_\_\_\_\_  
Signature (Joint Owner)

*OPS Support Use Only:*  
Received by: \_\_\_\_\_

Date Processed: \_\_\_\_\_