

**GP LOUISIANA FEDERAL CREDIT UNION
ACH ORIGINATION AGREEMENT**

Payment Amount \$ _____ weekly__ biweekly__ monthly__

1st Payment Date: _____

I authorize GP Louisiana FCU to initiate debit entries from my shares/share draft accounts to the institution and loan account associated with this agreement. I understand that these debit entries will be recurring monthly and will continue in effect until I notify you of its termination or adjustment in writing. I understand that I must allow GP Louisiana FCU at least seven (7) business days to process any and all requests under this agreement.

GP Louisiana FCU reserves the right to cancel, at my risk, this agreement at any time. GP Louisiana FCU shall not be responsible for any transactions due to insufficient funds, the receiving financial institution returns for any reason, you have provided us with incorrect or inaccurate information, or circumstances beyond our control(such as, but not limited to, fire, flood, or interference from an outside force) prevent us from executing the transaction. GP Louisiana FCU may rely on the account or other identifying number as provided by me as the proper identification, even if it identifies a different party or institution. If we fail to properly follow your instructions, we will be responsible for correcting the error and resending the entry to comply with your institution. This will be our only liability. In no event shall we be liable for any direct, indirect, special, incidental, consequential, or exemplary damages, including lost profits by using this service.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of United States law.

Financial Institution Name: _____

Financial Institution Routing #: _____

Financial Institution Account #: _____

Checking Account _____ Savings Account: _____

Printed Name: _____

Signature: _____ Date: _____

CU Account Number: _____ CU Loan Number: _____