



Authorization Agreement for ACH Debit Origination (DBO)

This form is used when you want to set up a debit withdrawal from your account at another financial institution. It is used to start or change information on a loan payment or if you would like to have money sent to a TTCU savings or draft account. If the debit is not for a loan payment, the daily limit is \$500.00.

Please print off this form, fill it out and sign where indicated. If you are changing the financial institution your debit originates from, you will also need to complete a Revocation of ACH Debit Agreement to revoke/stop that debit. Also, please include a voided check copy of the other financial institution. If you currently do not have checks from the other financial institution as we do not accept “starter” checks or deposit tickets, please get an account verification letter from your other financial institution.

You may either fax, drop the form off at one of our branches in Middle or East Tennessee, or mail it to the credit union’s main branch in Nashville. Our fax number is 615-780-7754 or the mailing address is

The Tennessee Credit Union
Attn: ACH Department
1400 8th Avenue South
Nashville, TN 37203

After the form is received and reviewed by the ACH Department and no errors are found, it will be processed. If errors are found, we will need to contact you to discuss them and there may be a need to complete a new form. Please ensure all phone numbers and other contact information on file are correct.

If you have any questions or need assistance with the form, please call the ACH Department at 800-755-8828, ext. 7625 or 800-622-2535 between the hours of 8 am – 5 pm Monday through Friday (Central Time). If you are directed to voicemail, please leave a detailed message and a TTCU ACH Specialist will return your call as soon as possible.



Authorization Agreement for ACH Debit Origination

As a duly authorized signer on the financial institution account identified below, I hereby authorize The Tennessee Credit Union to initiate debit (withdrawal) entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error from my (check one) ___ **checking** ___ **savings** account at my financial institution indicated below in the amount of \$ _____ (Loan payment amount may be subject to change). This debit is to take place on the _____ of each month or the next business day if the date requested should fall on a weekend or holiday.

Bank Name: _____

City: _____ State: _____ Zip Code: _____

Routing Transit No: _____ Account No: _____

This authority is to remain in effect until The Tennessee Credit Union has received written notification from me to its termination in such time and in such a manner as to afford a reasonable opportunity to act on it. Once the loan is paid in full, the above noted origination should automatically be terminated (subject to any ACH returns). I understand that it is my responsibility to verify that the above requested AACH Debit Origination has been terminated with both The Tennessee credit Union and my other financial institution after my loan has been paid in full.

There is a \$500.00 daily limit on debit originations transferring to a TTCU savings or checking account. The current fee will be assessed for items returned for nonpayment. The Tennessee Credit Union reserves the right to revoke this agreement at any time if abuse of this agreement becomes evident or is suspected.

Origination of Loan Payments

I expressly authorize The Tennessee Credit Union to verify any notification of change provided to the credit union by my other financial institution listed above.

Print Name: _____

The Tennessee Credit Union (RIM) Membership Number: _____

Signature of Authorized Signer: _____ Date: _____

**Signature must be notarized if account being credited is not owned by person authorizing debit.*

Please attach a voided check or a letter of account verification from the Financial Institution, as we no longer accept deposit slips or starter checks.

For Employee Use Only

Member Name: _____ SSN: _____ ACH Start Date: _____

Distribute to Account(s) as follows:

\$ _____ Regular Share Account

\$ _____ Christmas Club Account

\$ _____ Share Draft Account

\$ _____ Other Account

\$ _____ IRA Account

\$ _____ Other Account

ACH Department Process Date: _____

ACH Employee: _____