TCU SHARE/LOAN ACCOUNT NUMBER	MEMBER NAME

TRAVIS CREDIT UNION
P.O. Box 2069 Vacaville, CA 95696
(707) 449-4000 • (800) 877-8328

ACH ORIGINATION FORM

NAME OF FINANCIAL INSTITUTION	ROUTING NUMBER
NAME(S) ON THE FINANCIAL INSTITUTION ACCOUNT LISTED ABOVE	ACCOUNT NUMBER
TO BE DEBITED	WHICH IS A

PAYMENT DATE	PAYMENT AMOUNT	TRANSFER TYPE

I hereby authorize Travis Credit Union to transfer funds, as listed above, between my accounts at Travis Credit Union and another financial institution at the frequency set forth above. If the financial institution initially returns a request, the appropriate fees will be applied in accordance to the Fee Schedule. I understand that the Credit Union may resubmit the request through if the financial institution returns the initial request. The authorization is to remain in full force and effect until Travis Credit Union has received written notification from me of its termination at least ten (10) business days prior to the next scheduled payment at the address provided above, and has had a reasonable opportunity to act on it. I also understand it is my responsibility to provide and maintain the most up to date and accurate financial information shown above.

I agree to hold Travis Credit Union harmless and defend it against all liability, claims, demands, losses, damages, costs and expenses, including reasonable attorney's fees, which it may incur or suffer related to the payment of any money pursuant to this Agreement.

ACH Originations scheduled to occur on a weekend or holiday will be requested from the originating institution on the first business day following the scheduled transfer date. For example, if the payment is scheduled to occur on a Saturday, the payment will be processed on the following Monday, (assuming Monday is not a holiday on which the Federal Reserve is closed). **Note**: Credit Card ACH Originations will pull the business day prior to the scheduled transfer date. For example, if the credit card payment is scheduled to occur on a Saturday, the payment will be processed on the Friday prior to the scheduled transfer date.

Loan Payments Only: I understand I will be notified if the debit amount needs to be adjusted, either to increased or decreased. I understand that if I fail to maintain the required insurance on my vehicle, the Credit Union may increase my monthly payment to pay for such insurance. **I explicitly authorize the Credit Union to increase the amount of my automatic payment to the amount of the increased payment. I will be responsible for remitting any missed payments.   Important!** Please review your loan to ensure the first automatic payment processes as requested. If your loan is currently past due, the first automatic payment may not pull until the following due date.

You agree the Credit Union may call or send text messages to You regarding this account or any other account You have at the Credit Union now or in the future at any telephone number that You provide to the Credit Union or that the Credit Union obtains from other sources. (References to "the Credit Union" in this section include, but are not limited to, employees of and third parties acting on behalf of the Credit Union.) This authorization includes calls and text messages made to cell phones and wireless devices using an automated dialing system or prerecorded message. You represent that You have not provided, and You promise that You will not provide, the Credit Union with any telephone number assigned to a cellular device unless that number is assigned to an account in Your name at a wireless carrier unless You have notified the Credit Union otherwise in writing, and that You will notify us in writing within three business days after any such number stops being assigned to You.

I/We acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S law. I/We understand that these changes may alter the original terms of the loan disclosure, including but not limited to, finance charges, length of loan and maturity. I confirm that I am legally authorized to execute transactions on the account designated above.

_____   _____
Member/Borrower Signature   *Date*

_____   _____
Non-Member/Borrower signature of party authorizing debit **required**.   *Date*

Travis Credit Union will notify you of the receipt of payments in the periodic statements we provide to you. ACH credits posted to your account are provisional until the credit union receives final settlement. If Travis Credit Union does not receive final settlement, you are hereby notified and agree that the Credit Union is entitled to a refund of the amount credited to your account, and the party making payment via such entry (the Originator of the entry) shall not be deemed to have paid you the amount of such entry.

VERIFIED BY	DATE		DEPARTMENT	INITIALS	DATE

ACHORIG 10/20