

ORIGINATION AGREEMENT- INCOMING TO MSGCU FROM ANOTHER INSTITUTION

MSGCU ACCOUNT INFORMATION		
PLEASE CHECK A BOX: ☐ NEW	□ CANCEL	☐ CHANGE
Member Name:		Daytime Phone #:
MSGCU Account #:		
Account Type (Check One):		
□ 01 Share	☐ 75 Share Draft	□ Loan ID (Fixed Payment Only)
Transaction Amount:		
Transaction Frequency (Check One):		
☐ Weekly	☐ Quarterly	* Transaction Start Date:
☐ Bi-weekly	☐ Semi-Annual	
☐ Semi-Monthly	☐ Annual	
☐ Monthly		
*Start date must be at least two weeks f the transfer will be made the following b		uested posting date falls on a weekend or holiday,
SI	ENDING INSTITUTION INF	ORMATION
Name of Financial Institution:		
Address (City & State):		
Contact Name & Phone Number (Option	nal):	
Routing & Transit (ABA) Number:		
Account Number:		
Name On Account:		
Account Type (Check One): ☐ Savings		
Please read and sign below if you ago	ree with the following stat	ements:
	-	can authorize transactions with the account.
	oneously into my account, I	authorize MSGCU to reverse the transaction on m
	F). I understand that after <u>T</u>	to settle at another financial institution, the item will WO NSF ACH items, MSGCU may, at its
This authorization will be processed as i	requested above until revok	ed by member in writing.
Member Signature		Date:
	FOR MSGCU USE O	NLY:
Employee Completing EFT Information	(Name and Teller #):	
Created By:		Date:
VERIFICATION		
Name of Employee Performing Call Bac	k:	
Phone Number Used for Call Back:		
		against OFAC:
Results of OFAC Search:	3	