

**Evergreen Park Schools Federal Credit Union
Authorization Agreement for ACH Debits**

(Attach a voided check from Financial Institution if available)

I, _____, an authorized account holder on the below referenced accounts, hereby authorize **Evergreen Park Schools Federal Credit Union (EPSFCU)** to initiate the following debit or credit entries to my account(s) indicated below at the depository financial institution named below, hereafter called FINANCIAL INSTITUTION, and debit or credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply under the rules of the National Automated Clearing House Association (NACHA) and with the provisions of U.S. law. Further, I understand this Agreement supplements the other terms, conditions and related disclosures associated with my account at **EPSFCU**, which I have previously received and agreed to.

Authorization will require funds to be available in the account prior to origination to allow reasonable time for processing on the requested date. Entries returned due to non-sufficient funds may be charged a fee (\$37.00 per deposit item or payment), as set forth in **EPSFCU** Fee Schedule. This authorization will remain in full force and effect until **EPSFCU** has received written authorization of its termination in such time and manner as to afford **EPSFCU** and the named **FINANCIAL INSTITUTION** a reasonable opportunity to act upon it; or should funds be applied directly to a loan – at which time this loan has been paid in full. **EPSFCU** reserves the right to revoke this Agreement.

ACH DEBIT AUTHORIZATION (transfers from other institutions to EPSFCU)

FINANCIAL INSTITUTION:

Financial Institution Name _____

Routing Number _____

Account Number _____

Type of Account: ☐ Checking

☐ Savings

Effective Date of First Debit * _____ Total Debit Amount \$ _____

Frequency of Debit: Monthly

☐ Semi-monthly

EPSFCU:

Account Number _____

Type of Account:

☐ Savings

☐ Loan

If funds are applied directly to a loan, should the payment change, I authorize EPSFCU to adjust the amount of the debit to reflect the current loan payment.

Please include a voided check

*****EPSFCU requires this form be received at least 10 days prior to the first transaction. Any changes to this form must be made in writing no later than five (5) business days prior to the next transaction. *****

EPSFCU will provide members who receive electronic payments to their accounts a quarterly statement detailing transaction to their account.

Disclaimer

EPSFCU will make every effort to process, transmit or settle entries in a timely manner and in accordance with NACHA operating rules. From time to time, EPSFCU may need to temporarily suspend processing of a transaction, which might result in delayed settlement and/or availability of entries. EPSFCU shall be liable only for its gross negligence or willful misconduct in performing these services. We will not be liable, for instance, if:

- Your account has insufficient funds to complete the transfer;
- The funds are subject to legal processes or other encumbrances restricting such transfer;
- Such transfer would exceed an established credit limit; or
- Circumstances beyond our control (such as flood, fire, computer breakdown) prevent the transfer, despite reasonable precautions we have taken.

Printed Name

Signature

Date

Last 4 Digits of SSN/TIN

Phone Number

FOR CREDIT UNION USE ONLY:

Entered by _____

Date _____ ☐ Active

Approved by _____

Date _____

Date removed from ACH _____