



ACH/EFT ORIGINATION AGREEMENT
Incoming Entries

New Change Amount Frequency Change Change Institution

I (we) hereby authorize Augusta Health Care Credit Union to electronically debit my (our) account (and if necessary, electronically credit my (our) account to correct erroneous debits) as listed below. I (we) understand that this authorization will remain in full force until I (we) notify the credit union in writing within **5 days** of the scheduled settlement date. The electronic debit shall begin on ____ in the amount of \$____. This authorization replaces all previous authorizations that I may have made. I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the ACH Rules and US law.

Select the Frequency of the Transaction:

Weekly ____ Bi-Weekly ____
 One-time Only ____
 Monthly ____ Semi-Monthly (i.e., 15th and 30th of each month) ____

From Institution: ____

Choose account type: Savings Checking

Routing Number: (9 digits) ____

Account/MICR Number: ____

Name on account if different ____

To Augusta Health Care Credit Union:

Choose account type: Savings Checking Sub ____
 Loan ____

Member Number: ____

Member Name: ____

AGREEMENT:

Effective Date: ____

Member Signature: ____

Credit Union Representative Signature: _____

Date: ____

DISCLOSURES AND IMPORTANT INFORMATION

Your rights and responsibilities under the law are outlined in the Federal Reserve Board's Regulation E that governs a variety of electric transactions. In general, you are protected from loss providing you are responsible in reading your account statements and reporting any problems and errors promptly. You were provided with a Regulation E disclosure when you opened your account with us.

If we do not complete a transaction to or from your accounts on time or in the correct amount according to our agreement with you, we will be liable for your losses or damages. However, there are some exceptions. We will NOT be liable for the following:

- ✓ Through no fault of ours, you do not have enough money in your account to make the transactions.
- ✓ The money in your account is subject to an uncollected funds hold, legal process or any other encumbrance or agreement restricting a transaction.
- ✓ If you do not have sufficient funds available through overdraft protection.
- ✓ If circumstances beyond our control (such as fire or flood) prevent the payment transfer, despite reasonable precautions that we have taken.

5 Days advanced notice required to process initial setup, changes and revocation.

FUNDS COMING INTO *AUGUSTA HEALTH CARE CREDIT UNION* FROM ANOTHER INSTITUTION FOR A LOAN PAYMENT WILL BE DEPOSITED TO THE MEMBER'S SAVINGS ACCOUNT. AUTO DISTRIBUTION WILL TRANSFER THE PAYMENT FOR *AUGUSTA HEALTH CARE CREDIT UNION* LOANS.

When selected date is a holiday, items will be processed next business day.

After **TWO** returned items the ACH Origination item will be canceled.