

# SHARONVIEW FEDERAL CREDIT UNION

PO Box 2070  
Fort Mill, SC 29716  
704.969.6700  
800.462.4421

## ACH/EFT ORIGINATION AGREEMENT

Incoming Entries

New  Change Amount  Change Frequency  Change Date  Change Institution

I \_\_\_\_\_ (hereinafter, me or member) authorize SHARONVIEW FEDERAL  
CREDIT UNION (hereinafter, SFCU) to originate Electronic Fund Transfers (EFT) from \_\_\_\_\_

Member Name

Institution Name

\_\_\_\_\_ beginning on \_\_\_\_\_ in the amount of \$ \_\_\_\_\_

Institution Address

MM/DD/YYYY

Amount

and continuing each requested frequency until revoked by me in writing. This authorization replaces all previous authorizations that I may have made. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

### Select the Frequency of the Transaction:

- Weekly
- Bi-Weekly
- One-time Only
- Monthly (Specific Date \_\_\_\_\_ End of Month \_\_\_\_\_)
- Bi-Monthly (15<sup>th</sup> and 30<sup>th</sup> of each month)

### From Institution:

Choose account type:  Savings  Checking

Routing Number: \_\_\_\_\_  
(9 digits)

Account/MICR Number: \_\_\_\_\_

Institution Name: \_\_\_\_\_

### To SFCU:

(Funds must be deposited into a savings or checking before distributing to a loan.)

Choose account type:  Savings  Checking

Sub: \_\_\_\_\_

Member Number: \_\_\_\_\_

Member Name: \_\_\_\_\_

Loan Sub #: \_\_\_\_\_  
(if applicable)

### AGREEMENT:

Effective Date: \_\_\_\_\_

Member: \_\_\_\_\_  
Signature

SFCU Employee: \_\_\_\_\_  
Signature

Branch: \_\_\_\_\_

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 or transfer, despite reasonable precautions that we have taken.

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

FUNDS COMING INTO SFCU FROM ANOTHER INSTITUTION FOR A LOAN PAYMENT WILL BE DEPOSITED TO THE MEMBER'S SAVINGS ACCOUNT. AUTO DISTRIBUTION WILL TRANSFER THE PAYMENT FOR SFCU LOANS.

SFCU will not reinitiate prenotes if returned by RDFI because they cannot accept those entries.

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

**In the event that Sharonview deposits/withdraws funds erroneously into my account, I authorize Sharonview to reverse the transaction on my account for an amount not to exceed the original amount of the erroneous credit.**

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

**PLEASE ATTACH A COPY OF VOIDED CHECK TO THIS FORM  
THE ORIGINAL FORM MUST BE SUBMITTED TO SFCU'S ACCOUNTING DEPARTMENT WITH VOIDED CHECK**

***This form must be completed entirely before submitting to Accounting before processing.***