New Covenant Dominion Federal Credit Union

Authorization Agreement for ACH Debits/Credits

(Attach a deposit slip or voided check from Financial Institution if available)

I, _____, an authorized accountholder on the below referenced accounts, hereby authorize New Covenant Dominion Federal Credit Union **(NCDFCU)** 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 NCDFCU, 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 or paid using any available Courtesy Pay limits may be charged a fee, as set forth in NCDFCU's Fee Schedule. This authorization will remain in full force and effect until **NCDFCU** has received written authorization of its termination in such time and manner as to afford **NCDFCU** 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. NCDFCU reserves the right to revoke this Agreement.

ACH DEBIT AUTHORIZATION (transfers from other institutions to NCDFCU)

FINANCIAL INSTITUTION:
Financial Institution Name _____

City/State/Zip _____ Routing Number _____

Account Number _____ Type of Account: ☐ Checking ☐ Savings

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

Frequency of Debit: ☐ One Time Debit ☐ Weekly ☐ Bi-Weekly ☐ Monthly

NCDFCU:
Account Number _____ Type of Account: ☐ Checking ☐ Savings ☐ Loan

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

ACH CREDIT AUTHORIZATION (transfers to other institutions from NCDFCU)

FINANCIAL INSTITUTION:
Financial Institution Name _____

City/State/Zip _____ Routing Number _____

Accountholder Name _____

Account Number _____ Type of Account: ☐ Checking ☐ Savings ☐ Loan

Effective Date of First Credit* _____ Total Credit Amount **$**_____

Frequency of Credit: ☐ One Time Debit ☐ Weekly ☐ Bi-Weekly ☐ Monthly

NCDFCU:
Account Number _____ Type of Account: ☐ Checking ☐ Savings

*****NCDFCU requires sending Prenotifications to the designated FINANCIAL INSTITUTION. Therefore, the effective date should be at least 10 days prior to the first transaction.

Disclaimer

NCDFCU 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, NCDFCU may need to temporarily suspend processing of a transaction, which might result in delayed settlement and/or availability of entries. NCDFCU 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

_____ _____
SSN/TIN Phone Number

FOR CREDIT UNION USE ONLY:
☐ OFAC List Checked (Sender and Receiver)

Authorization Taken by _____ Branch Location _____ Date & Time _____

Completed by _____ Date & Time _____