



Member Name (Last, First) _____

NEW CHANGE

AUTHORIZATION AGREEMENT FOR ACH ORIGATION

NextStep FCU (NextStep) may give you credit for Automated Clearing House (ACH) payments before it receives final settlement of the funds transfer. Any such credit is provisional until NextStep receives final settlement of the payment. You are hereby notified and agree, if SSFCU does not receive such final settlement, that NextStep is entitled to a refund from you in the amount credited to you in connection with that ACH entry.

ACH transactions are governed by operating rules of the National Automated Clearing House Association. In accordance with these rules, NextStep will not provide you with the next day notice of receipt of ACH credit transfers to your account. You should consider notification as the transaction shown in your periodic account statements which we provide to you.

I hereby authorize NextStep Federal Credit Union to initiate **ACH** entries as requested below. I agree to have available funds in my account on the designated date to satisfy this transfer. I agree to pay any applicable fees for this service as disclosed in the Fee Schedule. This authority will remain in effect until I notify the credit union in writing at least three business days prior to the next settlement date. I also acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law. If the scheduled date should fall on a Saturday, Sunday or bank holiday, this transfer will automatically be made on the following business day.

NEXTSTEP FCU ACCOUNT INFORMATION

Member# _____ As a debit (withdrawal) _____ Checking (75/77/78)
Amount \$ _____ As a credit (deposit/pmt) _____ Savings (01)
_____ Note# _____

Frequency of Transfer:

_____ One-time _____ Daily _____ Weekly _____ Bi-Weekly _____ Semi-Monthly _____ Monthly

SECONDARY FINANCIAL INSTITUTION INFORMATION

Name and Address of secondary Financial Institution to be effected: _____

Name on Account _____

Routing # _____

PLEASE NOTE: A statement copy from this FI showing the account number and name on account must be attached to this form for verification.

Account# _____ As a debit (withdrawal) _____ Checking _____

Start Date _____ As a credit (deposit/pmt) _____ Savings _____

NextStep Federal Credit Union will make every effort to complete this transfer unless circumstances beyond our control prevent the transfer, despite reasonable precautions that we have taken. All terms and conditions of your account agreement apply to this agreement. A \$5.00 ACH Origination Setup Fee will be charged to the NextStep account listed above. NextStep requests at least 5 business days notice prior to the first effective date. Once setup is complete, it may take up to 5 business days from the first effective date for your transaction to fully process.

Date Signature Phone #

MSR Use: Initials: _____ Verified via (check one): _____ Drivers License _____ Call back to phone# on file (if recv'd by fax/em)

ACCT Use: ACH Setup By: _____ Date: _____ Setup CAN#: _____ Fee (FY) CAN#: _____

Batch#: _____ Verified By: _____

OFAC Completed By (both member & other FI): _____ **IF 1X ONLY:** Date Deleted: _____ By: _____

I hereby authorize NextStep Federal Credit Union to CANCEL the above described recurring ACH, effective as of _____.

Date Signature

CU Use: ACH Cancellation Completed By: _____ Date: _____ CAN# _____ Verified By: _____