



## ACH/EFT ORIGINATION AGREEMENT

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

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

New

Delete

Change:

Account Information

Date of Draft

Amount of Draft

**From:**

- PACU  
 Other Institution\*

**Frequency:**

- Weekly  
 Bi-Weekly  
 Semi Monthly  
 Monthly

**Account Type:**

- Savings  
 Checking

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

**Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Account Holder Name:** \_\_\_\_\_

**To:**

- PACU  
 Other Institution\*

**Account Type & Amount:**

- Savings \$ \_\_\_\_\_  
 Checking \$ \_\_\_\_\_  
 Loan \_\_\_\_\_ \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_

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

**Account Number:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

**Disclosures and Important Information**

If we do not complete a transaction to or from your accounts on time 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:

- If through no fault of ours, you do not have enough money in your account to make the transactions.
- If the money to the 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 loss of computer, fire or flood) prevent the payment or transfer, despite reasonable precautions that we have taken.

3 Days advance notice required to process initial setup and/or changes.

When selected date is a holiday or weekend, items will be processed the next following business day.

In the event that PACU deposits/withdraws funds erroneously in my account, I authorize PACU to reverse the transaction on my account in an amount not to exceed the original amount of the credit/debit.

Written notification must be received three business days prior to the settlement date for PACU to cancel any existing transfers.

Principal hereby agrees to indemnify and hold harmless the Credit Union against and in respect of any claim, demand, proceedings, losses, liabilities, expenses (including attorney's fees), and damages, including consequential, special, and punitive damages, to comply with: (a) this agreement, including any breach of its warranties hereunder; (b) the Rules, and (c) any other agreement(s) between the Principal and Member.

Upon receipt of the third consecutive return from your financial institution because of insufficient funds, the origination will be deleted.

**Sign and Return via Fax or Mail to:**

Piedmont Advantage Credit Union  
 Attn: E-Commerce Department  
 3530 Advantage Way  
 Winston Salem, NC 27103  
 Fax: 336-744-8894

\* A voided check or a statement on letterhead from the other financial institution is required.

I authorize PACU to debit/credit my account at \_\_\_\_\_ in the amount of \_\_\_\_\_ beginning on \_\_\_\_\_.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
 (Account holder ACH is originating from.)

**Credit Union Use Only**

Request Taken By: \_\_\_\_\_

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