



ACH ORIGATION AUTHORIZATION

Member Name _____

Member Number _____

New

Delete

Change

Account Information

Date of Draft

Amount of Draft

Terms and Disclosures

Advance notice of three business days is required to process initial setup for recurring ACH transactions or to make any changes to a scheduled ACH transaction.

Written notification must be received three business days prior to the scheduled transaction date for Piedmont Advantage Credit Union ("PACU") to cancel any scheduled ACH transaction.

When the scheduled date for an ACH transaction falls on a holiday or weekend, the transaction will be processed the next business day.

If PACU does not complete an ACH transaction on time according to this authorization, PACU will generally be liable for your losses or damages, with some exceptions. PACU will NOT be liable for your losses or damages in the following circumstances:

- If through no fault of PACU, you do not have enough money in your originating account or sufficient funds available in your originating account through overdraft protection to make the scheduled transaction.
- If the money in your originating account is subject to an uncollected funds hold, legal process or any other encumbrance or authorization restricting or preventing the scheduled transaction.
- If circumstances beyond PACU's control (such as internet or system disruption, fire, flood or other natural disaster, or actions by third parties) prevent the transaction despite PACU's reasonable precautions.
- If there is a change to the name(s) of the owner(s) on the debited or credited account and PACU is not provided written notice at least three business days before the scheduled transaction.

If a scheduled transaction cannot be completed, whether due to insufficient funds or any other reason, the transaction will not be re-initiated and the next transaction will be attempted on the next scheduled date.

If three consecutive scheduled transactions cannot be completed because of insufficient funds in the originating account, all further ACH transactions scheduled under this authorization will be cancelled.

In the event PACU erroneously deposits to or withdraws funds from any of your accounts, you authorize PACU to reverse the erroneous transaction in an amount not to exceed the original amount of the erroneous transaction.

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: _____

I understand that for a scheduled transaction to occur the account(s) listed above must be my personal account(s).

I hereby agree to the above terms and disclosures and authorize PACU to debit/credit the accounts designated above at the frequency set forth above, beginning on _____ in the amount of _____.

Signature _____ Date _____ Daytime Phone _____

(Account holder ACH is originating from.)

Credit Union Use Only

Request Taken By: _____

Date: _____

**Sign and Return via Fax 336-744-8894 or Mail to: Piedmont Advantage Credit Union, Attn: E-Commerce Department
3530 Advantage Way, Winston Salem, NC 27103**