

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH CREDITS)

I (we) hereby authorize Ukrainian Federal Credit Union, hereinafter called UFCU, to initiate credit entries (deposits) from my (our) UFCU account to my (our) account at financial institution named below, hereinafter called DEPOSITORY. Please specify the account type and account number to withdraw the funds from:

- () UFCU checking account # _____
- () UFCU savings account # _____

I authorize UFCU to debit these amounts:

- () for payment on my (our) loan at the depository institution _____
- () for deposit on my (our) CHECKING account at the depository institution _____
- () for deposit on my (our) SAVINGS account at the depository institution _____

I (we) understand that this authorization remains in effect until UFCU receives from me (or either of us), in writing, notification to terminate the authorization. I (we) understand that UFCU requires at least 5 (five) business days prior notice in order to cancel this authorization.

FINANCIAL INSTITUTION _____	AMOUNT \$ _____
CITY _____ STATE ____ ZIP _____	1st Payment Date _____
ABA/ROUTING NUMBER _____	ACCOUNT # _____
Frequency: __Monthly __Semi-Monthly __Bi-Weekly __Weekly __One time	

ATTACH A VOIDED CHECK OR DEPOSIT SLIP TO THIS FORM

Rights and Liabilities

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. I (we) agree to the following terms and conditions:

1. When this transfer is for a loan payment, and the transfer amount is greater than the outstanding loan balance, the depository institution will be responsible for allocation of access funds. The transfer will continue until I cancel the authorization according to UFCU cancellation requirements stated above.
2. I (we) understand that it is my (our) responsibility to change the amount of this transfer if the amount of the loan payment changes for any reason. I (we) understand that this requires a completion of a new authorization agreement by me (us).
3. I (we) accept full responsibility for the information provided on this transfer agreement. I (we) understand that the other financial institution involved in this transfer may impose charges, for which I (we) are responsible for paying.
4. I (we) understand that this transfer agreement form must be submitted to UFCU at least 10 business days prior to the date of the transfer date requested. I (we) further understand that a fee may be charged to my (our) UFCU account if the funds are not available for transfer on the specified date or if the transfer is rejected by the other financial institution, according to applicable Fee Schedule.
5. I (we) understand that if I (we) revoke or cancel this transfer agreement before the outstanding balance of my (our) loan is paid off, it is my (our) responsibility to continue my (our) loan payments with another form of payment, by the scheduled due date. I (we) understand that failure to meet the payment requirement will result in late fees and possible derogatory credit action.
6. I (we) understand that if any loan payment is delayed due to processing time (form not submitted 10 business days before transfer date or information is incorrect), I (we) will make other arrangements for the loan payment and that UFCU will not be held liable for any charges incurred due to this delay.
7. I (we) understand and agree that UFCU shall not be responsible for any act or failure to act on their part, except in case of gross negligence or willful misconduct. Furthermore, I (we) agree to hold UFCU harmless for any claims, liabilities, attorney's fees, and other costs and expenses of any and every kind and nature which I (we) may incur as a result of UFCU's performance under this authorization.

Your rights and responsibilities under the law are outlined in the Federal Reserve Boards Regulation E that governs a variety of electronic transactions. You were provided with a Regulation E disclosure when you opened your account with us.

MEMBER NAME(S): _____	UFCU Account # _____
DATE _____	MEMBER SIGNATURE(S): _____
<u>Cancel this ACH Origination:</u>	
DATE _____	MEMBER SIGNATURE(S): _____

Office use only

Origination	Entered into the system:	Staff _____	Branch _____	Date _____
Cancellation	Entered into the system:	Staff _____	Branch _____	Date _____