

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS) and VISA AutoPay

I (we) hereby authorize Ukrainian Federal Credit Union, hereinafter called UFCU, to initiate debit entries (withdrawals) from my (our):

() checking

() savings account (select one) at the financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account.

I authorize UFCU to credit these amounts:

() for payment on UFCU Loan account # _____

() for deposit on UFCU account # _____

() for payment on my UFCU VISA card # _____

For VISA payments:

() minimum payment

() full balance

() specific amount _____

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 an UFCU loan, and the transfer amount is greater than the outstanding loan balance at UFCU, I (we) authorize UFCU to payoff the loan, transfer any overage to my (our) share savings account. The transfer will continue and all funds will be posted to my (our) share savings account 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): _____

Cancel this ACH Origination:

DATE _____ MEMBER SIGNATURE(S): _____

Office use only

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