



Everest Federal Credit Union, 7418 37th Rd, Jackson Heights, NY 11374

Authorization Agreement for ACH Debits/Credits

(Attach a deposit slip or voided check from Financial Institution if available)

I, _____, an authorized accountholder on the below referenced accounts, hereby authorize Everest Federal Credit Union (EFCU) to initiate the following debit or credit entries to my account indicated below at the depository financial institution named below, hereafter called FINANCIAL INSTITUTION, and debit or credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply under the rules of the National Automated Clearing House Association (NACHA) and with the provisions of U.S. law. Further, I understand this Agreement supplements the other terms, conditions and related disclosures associated with my account at EFCU, which I have previously received and agreed to.

Authorization will require funds to be available in the account prior to origination to allow reasonable time for processing on the requested date. Entries returned due to non-sufficient funds or paid using any available Courtesy Pay limits may be charged a fee, as set forth in EFCU Fee Schedule. This authorization will remain in full force and effect until EFCU has received written authorization of its termination in such time and manner as to afford EFCU and the named FINANCIAL INSTITUTION a reasonable opportunity to act upon it; or should funds be applied directly to a loan – at which time this loan has been paid in full. EFCU reserves the right to revoke this Agreement.

ACH DEBIT AUTHORIZATION (transfers from other institutions to EFCU) [तपाईंको खाता बाट EFCU पैसा पठाउन]

Account Holder Name: _____
 Your Financial Institution Name _____

City/State/Zip _____ Routing Number _____

Account Number _____ Type of Account: Checking Savings

Effective Date of First Debit* _____ Total Debit Amount \$ _____

If you want to send regular DEPOSIT to your EFCU Account please inform the recurring Amount: _____

Frequency of Debit: One Time Debit Weekly Bi-Weekly Monthly

EVEREST FCU Account: Account Number: 9726847097 Type of Account: Checking Savings Loan

If funds are applied directly to a loan, should the payment change, I authorize EFCU to adjust the amount of the debit to reflect the current loan payment.

ACH CREDIT AUTHORIZATION (transfers to other institutions from EFCU)[तपाईंको खातामा पैसा पाउन]

Account Holder Name: _____
 Your Financial Institution Name _____

City/State/Zip _____ Routing Number _____

Account holder Name _____

Account Number _____ Type of Account: Checking Savings Loan

Effective Date of First Credit* _____ Total Credit Amount \$ _____

Frequency of Credit: One Time Debit Weekly Bi-Weekly Monthly

EVEREST FCU Account:
 Account Number 9726847097 Type of Account: Checking Savings

*EFCU requires sending Pre-notifications to the designated FINANCIAL INSTITUTION. Therefore, the effective date should be at least 10 days prior to the first transaction.

Disclaimer

EFCU will make every effort to process, transmit or settle entries in a timely manner and in accordance with NACHA operating rules. From time to time, EFCU may need to temporarily suspend processing of a transaction, which might result in delayed settlement and/or availability of entries. EFCU shall be liable only for its gross negligence or willful misconduct in performing these services. We will not be liable, for instance, if:

- Your account has insufficient funds to complete the transfer;
- The funds are subject to legal processes or other encumbrances restricting such transfer;
- Such transfer would exceed an established credit limit; or
- Circumstances beyond our control (such as flood, fire, computer breakdown) prevent the transfer, despite reasonable precautions we have taken.

Printed Name _____

Signature _____

Date _____

SSN/TIN _____

Phone Number _____

FOR CREDIT UNION USE ONLY:

OFAC List Checked (Sender and Receiver)

Authorization Taken by _____ Branch Location New York Date & Time _____

Completed by _____ Date & Time _____