		ACH/EFT ORIGI	NATION AG	REEMENT Incoming Entries	
	Change Amount	Change Frequency Cl	nange 🗌 Date Cha		
I,	(hereinafter, me or member) authorize KEMBA Roanoke Federal Credit Union				
(hereinafter,KE)	MBA_) to originate Electro	onic Fund Transfers (EFT) f	rom	,	
	-		Institution		
		beginning on	in the arr	nount of	
all previous authors	Institution Address and continuing each request orizations that I may have nply with US law.	sted frequency until revoked made. I acknowledge that t	MMDD/YYYY l by me in writing. Th he origination of AC	his authorization replaces TH transactions to my	
U Wee	ect the Frequency of the Transaction: Weekly Bi-Weekly One-time Only Monthly Semi-Monthly (15 <sup>th</sup> and 30 <sup>th</sup> of each month)		DISCLOSURES AND IMPORTANT INFORMATION Your rights and responsibilities under the law are outlined in the Federal Reserve Board's Regulation E that governs a variety of electric transactions. In general, you are protected from loss providing you are responsible in reading your account statements and reporting any problems and errors promptly. You were provided with a Regulation E disclosure when you opened your account with us.		
	Choose account type: Savings Checking			If we do not complete a transaction to or from your accounts on time or in the correct amount according to our agreement with you, we will be liable for your losses or damages. However, there	
-	Routing Number: (9 digits)     Account/MICR Number:		following:	Through no fault of ours, you do not have enough money in your account to make the transactions.	
Instituti To KEMBA:	Institution Name:		<ul> <li>any other encumbrance or agreement restricting a transaction.</li> <li>✓ If you do not have sufficient funds available through overdraft protection.</li> </ul>		
(Funds must	(Funds must be deposited into a savings or checking before distributing to a loan.) Choose account type: Savings Checking		~	If circumstances beyond our control (such as fire or flood) prevent the payment ortransfer, despite reasonable precautions that we have taken.	
Member	Sub Member Number:			advanced notice required to nitial setup, changes and n.	
	Member Name: For Loan Sub #: (if applicable)			FUNDS COMING INTO KEMBA FROM ANOTHER INSTITUTION FOR A LOAN PAYMENT WILL BE DEPOSITED TO THE MEMBER'S SAVINGS ACCOUNT. AUTO DISTRIBUTION WILL TRANSFER THE PAYMENT FOR KEMBA LOANS.	
AGREEMENT:          Effective Date:			<i>KEMBA</i> wi returned b	II not reinitiate prenotes if by RDFI because they cannot ose entries.	
Member Signature:				When selected date is a holiday, items will be processed prior business day.	
Return to KEM	1BA:	540 297 2954	withdrawal I authorize my accoun	It that KEMBA deposits or Is funds erroneously into my account, KEMBA to reverse the transaction on It for an amount not to exceed the nount of the erroneous transaction.	

After **<u>TWO</u>** returned items the ACH Origination item will be canceled.

via email: info@kembafcu.org via fax: 540-387-2854 via text: 540-525-0931 via mail: 2812 W Main St, Salem, VA 24153 THE ORIGNAL FORM MUST BE SUBMITTED TO KEMBA ACCOUNTING DEPARTMENT WITH VOIDED CHECK