ACH/EFT ORIGINATION AGREEMENT Outgoing Entries

☐ New	_
☐ Change Amount ☐ Change Frequency Change ☐	Date Change Institution
I(hereinafter, me or member) autous FEDERAL CREDIT UNION (hereinafter,_KEMBA_) to originate Electronic Fund Transfers (EFT) to	
(incremation,_ixelvibin_) to originate electronic rand transfers (Err) to	Institution Name
beginning on	in the amount of \$
Institution Address MM/DD/YYY	Y Amount
and continuing each requested frequency until revoked by me in writing. This at authorizations that I may have made. I acknowledge that the origination of transactions to my account must comply with US law.	DISCLOSURES AND IMPORTANT INFORMATION
Select the Frequency of the Transaction:	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
 Weekly ☐ Bi-Weekly ☐ One-time Only Monthly ☐ Semi-Monthly (15th and 30th of each month) 	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. 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 are some exceptions. We will NOT be liable for the following: Through no fault of ours, you do not have enough money in your account to make the transactions. The money in your account is subject to an uncollected funds hold, legal process or any other encumbrance or agreement restricting a transaction. If you do not have sufficient funds available through overdraft protection. If circumstances beyond our control (such as fire or flood) prevent the paymen ortransfer, despite reasonable precautions
To: Institution Name Choose account type: Savings Checking Routing Number: (9 digits)	
Account/MICR Number: Institution Name: From KEMBA:	
Choose account type: □Savings □Checking	that we have taken. 15 Days advanced notice required to process initial setup, changes and
Sub Member Number:	revocation.
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:	KEMBA will not reinitiate prenotes if returned by RDFI because they cannot accept those entries.
Member Signature:	When selected date is a holiday, items will be processed prior business day.
Return to KEMBA: via email: info@kembafcu.org via text: 540-525-0931 via fax: 540-387-2854 via mail: 2812 W. Main Street, Salam, VA 24153	In the event that KEMBA deposits/withdraws funds erroneously into my account, I authorize KEMBA to reverse the transaction on my account for an amount not to exceed the original amount of the erroneous transaction.
via mail: 2812 W. Main Street, Salem, VA 24153	After TWO returned items the ACH Origination item will be canceled.

THE ORIGNAL FORM MUST BE SUBMITTED TO KEMBA ACCOUNTING DEPARTMENT WITH VOIDED CHECK