



SHAREFAX CREDIT UNION, INC.

www.sharefax.org
(513) 753-2440

**ACH ORIGINATION
Loan Payment
Electronic Payment Agreement
* (not for funds transfer)**

Member Name: _____

Sharefax Account #: _____

Phone #: _____

ATTACH VOIDED CHECK HERE

PLEASE COMPLETE THE FOLLOWING:

I hereby authorize Sharefax Credit Union to deduct loan payments in the amount of \$_____ from the Financial Institution and account number indicated above per the voided check, this payment will apply to the loan on the _____ day of each month beginning _____ (mmddy) and apply it to the L_____ loan at Sharefax Credit Union.

I understand that should the **final payoff balance** on the loan listed above be less than the loan payment amount originated above, the full payment amount will be deducted from my other financial institution, and any remaining proceeds **will be deposited to the S1 share** of my account at Sharefax Credit Union

Furthermore, I understand that the withdrawal will take place on the date I have indicated until I provide a written request to stop or change the amount. The written request must be received at least ten (10) business days prior to the withdrawal date. I understand that Sharefax Credit Union will notify me in writing if it decides to stop this payment option. If funds are not available, I understand I will be charged a Return Item Fee.

**Credit given by us to you with respect to an automated clearing house credit entry is provisional until we receive final settlement for such entry through a Federal Reserve Bank. If we do not receive such final settlement, you are hereby notified and agree that we are entitled to a refund of the amount credited to you in connection with such entry, and the party making the payment to you via such entry (i.e. the originator of the entry) shall not be deemed to have paid you in the amount of such entry. Under the operating rules of the National Automated Clearing House Association, which are applicable to ACH transactions involving your account, we are not required to give next day notice to you of receipt of an ACH item and we will not do so. However, we will continue to notify you of the receipt of payments in the periodic statement we provide to you. We may accept on your behalf payments to your account which have been transmitted through one or more Automated Clearing House (ACH) and which are not subject to Electronic Funds Transfer Act and your rights and obligations with respect to such payments shall be construed in accordance with and governed by the laws of the state of Ohio, unless it has otherwise specified in a separate agreement that the law of some other state shall govern.

Signature _____

Date _____

Teller Code _____

**** Please fax completed form to Catherine Cruze, ACH Specialist at 513-943-6324.**