

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: □ New	☐ Update (Circle One): Bank, Date, or Amount
I hereby authorize Sharefax Credit Union to deduct leftom the Financial Institution and account number in will apply to the loan on theday of each rand apply it to the L loan at Sharefax Credit Union of the Union o	dicated above per the voided check, this payment month beginning (mmddyy)
I understand that should the <b>final payoff balance</b> on amount originated above, the full payment amount w and any remaining proceeds <b>will be deposited to the</b>	vill be deducted from my other financial institution,
Furthermore, I understand that the withdrawal will ta a written request to stop or change the amount. The v business days prior to the withdrawal date. I understa writing if it decides to stop this payment option. If for charged a Return Item Fee.	written request must be received at least ten (10) and that Sharefax Credit Union will notify me in
**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.	