



Automated Clearing House (ACH) Transactions AUTHORIZATION AGREEMENT

Member Number _____

As used below, the word "you" and "your" mean each and all who have signed the authorization. The words "we", "they" and "them", "our" and "us" mean the institution(s).

- I. By signing, you authorize the Government of Guam Employees Federal Credit Union (GGEFCU), to originate ACH transactions from your account(s) as instructed.
- II. It is agreed that GGEFCU shall not be held responsible or liable for failing to act as herein requested if such failure should be due or caused by circumstances beyond our control. It is further agreed that, your account may be charged on the business day before if the stated day or date is not a business day. In addition, if at any time your account(s) balance is insufficient to cover the pre-authorization on the specific day or date, we will not apply such funds as requested.
- III. All applicable service and transaction(s) fees apply as described on the most current rate and fee schedule will be applied to all affected accounts. A copy of the rate and fee schedule is available upon request at any of our offices.
- IV. The authorization will remain in effect until GGEFCU receives written notice from you requesting to cancel.
- V. GGEFCU will not provide you with next day ACH credit notices, however, all ACH transactions will be reflected on the period account statement as required by regulation. For your reference, ACH transactions are governed by the National Automated Clearing House Association (NACHA) operating rules and Regulations E (Electronic Funds Transfer Act).

Member Signature _____

Date _____

The Funds for this ACH transaction(s) noted below will originate from or be applied to the following GGEFCU account:

Financial Institution Name: _____

Routing Transit Number: _____

Address: _____

Telephone Number: (____) _____

Debit Account: _____ Amount \$: _____
Date: _____ Payroll Period: Bi-weekly Semi-monthly Monthly

Credit Account: _____ Amount \$: _____
Date: _____ Payroll Period: Bi-weekly Semi-monthly Monthly

Loan Payment Account: _____ Amount \$: _____
Date: _____ Payroll Period: Bi-weekly Semi-monthly Monthly

PLEASE NOTE: If a non-GGEFCU checking account will be utilized, please attach a voided check or deposit slip.

Received By: _____ Date: _____ Processed Day/Date: _____

Receiving Financial Institution: _____

Representative Name and Title: _____

Signature: _____ Date Received: _____