Advantis credit union
P.O. Box 14220
Portland, OR 97293-0220
503 785-2528 ▪ 800 547-5532
Fax: 503-785-2528
www.advantiscu.org

Authorization Agreement for Direct Payments (ACH Origination)

MEMBER INFORMATION

MEMBER NAME | MEMBER NUMBER

ACCOUNT/LOAN NUMBER | INITIATE ENTRIES TO/FROM | CONTACT PHONE

☐ Checking ☐ Savings ☐ Loan (Credits only)

ACH REQUEST INFOMATION

TRANSACTION AMOUNT | START DATE | FREQUENCY

MONTHLY

Type of ACH Request

☐ New
☐ Change

Type of ACH Transfer

☐ Credit to Advantis
☐ Debits from Advantis

OUTSIDE INSTITUTION ACCOUNT INFORMATION

FINANCIAL INSTITUTION NAME | CONTACT PHONE

CITY, STATE, ZIP

ACCOUNT HOLDER'S NAME

ACCOUNT HOLDER'S ADDRESS

ACCOUNT NUMBER | ROUTING NUMBER

TYPE OF ACCOUNT

☐ Savings ☐ Checking

Memo _____
⑆ 123456789 ⑆ 12345678912345⑈ 1001

Sample Check

9-digit ABA / Routing Number | Account Number

BY SIGNING THIS DOCUMENT YOU AUTHORIZE AND UNDERSTAND THE FOLLOWING

Advantis Credit Union will only originate ACH origination debit entries from an account at another institution which is owned by you. You are not required to be an account owner if you are requesting that Advantis Credit Union send ACH origination credits to another institution. Advantis will not send funds to business accounts.

All funds must be made available for withdrawal by 6:00p.m. the previous day.

If the effective entry date of the transfer falls on a holiday or weekend, the transfer will occur on the next business day following the holiday or weekend. ACH entries may not be initiated if they violate the laws of the United States. ACH entries are subject to NACHA Operating Rules and Guidelines. This agreement is also subject to the terms and conditions of the Advantis membership and account agreement. You authorize Advantis Credit Union to debit or credit the consumer account at the financial institution shown above for the amount shown above. You understand that Advantis Credit Union will not be held liable for any errors created by or as a result of your authorization to initiate this transaction; any errors created by or as a result of your authorization to initiate this transaction are your responsibility and liability. You certify that all of the information you have supplied to us on this form is true, correct, and complete. You certify that you are authorized to perform transactions for and are on the consumer accounts at the financial institutions shown above.

If funds are not available on the effective entry day of the debit, a non-sufficient funds fee (NSF) will be charged to the debited account. Contact Advantis Credit Union for the current fee amount. If an Advantis originated ACH debit or credit entry is rejected by the other financial institution for any reason other than non-sufficient funds (NSF), this authorization agreement will be terminated. If an Advantis originated ACH transaction is rejected by the other financial institution for non-sufficient funds (NSF) more than once in a calendar year, this authorization agreement will be terminated.

This authorization will remain in effect until Advantis Credit Union has received either written or verbal notification from you of its termination, no less than three business days prior to the effective entry day of the debit or credit.

Advantis Credit union reserves the right to revoke ACH Origination privileges immediately and for any reason including violation of this agreement.

FOR INTERNAL USE ONLY

Signature Verification performed by: _____ (Teller Number)

Signature _____ Date _____