PALMETTO HEALTH Credit Union
Where it all adds up for you.

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ACH ORIGINATION

Incoming ACH Origination

☐New ☐Change Amount ☐Change Frequency ☐Change Date ☐Change Institution

I_____ (hereinafter, me or member) authorize Palmetto Health Credit Union

to originate Electronic Fund Transfers from _____
Sending Institution Name & Location

_____ beginning on _____ in the amount of $_____
MM/DD/YYYY

and continuing each requested frequency until revoked by me in writing. This authorization replaces all previous authorizations that I may have made.

Select the Frequency of the Transaction:

☐ Weekly ☐ Bi-Weekly ☐ One-time Only
☐ Monthly ☐ Semi-Monthly (15th and 30th of each month)

From Institution: _____
Sending Institution Name

Choose account type: ☐ Savings ☐ Checking

Routing Number: (9 digits) _____

Account/MICR Number: _____

To: Palmetto Health CU

Choose account type: ☐ Savings ☐ Checking

PHCU Member Number: _____

PHCU Member Name: _____

AGREEMENT:

Member Signature: _____ Date_____

Phone #: _____Email Address_____

PHCU Employee Signature: _____Date_____

Branch: _____

DISCLOSURES AND IMPORTANT INFORMATION

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 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 payment transfer, despite reasonable precautions that we have taken.

15 Days advanced notice required to process initial setup, changes and revocation.

FUNDS COMING INTO PALMETTO HEALTH CU FROM ANOTHER INSTITUTION FOR A LOAN PAYMENT WILL BE DEPOSITED TO THE MEMBER'S SAVINGS ACCOUNT. AUTO DISTRIBUTION WILL TRANSFER THE PAYMENT FOR PALMETTO HEALTH CU LOANS.

Palmetto Health CU will not reinitiate pre-notes if returned by RDFI because they cannot accept those entries.

When selected date is a holiday, items will be processed next business day.

In the event that Palmetto Health CU deposits/withdraws funds erroneously into my account, I authorize Palmetto Health CU to reverse the transaction on my account for an amount not to exceed the original amount of the erroneous credit.

After **TWO** returned items the ACH Origination item will be cancelled.