



550 Salem Street • Chico, California 95928  
 (530) 895-1947 tel. • (530) 895-3411 fax  
 www.starcreditunion.com

**ACH CREDIT AGREEMENT**

NOTE- Must be received 10 business days prior to transfer date

Member Name: \_\_\_\_\_  
 (Please Print)

<b>FOR CREDIT UNION USE ONLY</b>
ACCEPTED BY: _____
DATE REC'D: _____
SIG VERIFIED BY: _____

<p>Check appropriate box:</p> <p><input type="checkbox"/> Please initiate ACH credit transfer      Start Date: _____</p> <p><input type="checkbox"/> Please revise existing ACH credit agreement      Start Date: _____</p> <p><input type="checkbox"/> Please cancel existing ACH credit agreement      Start Date: _____</p> <p><b>To cancel this authorization you must submit a written request no less than four business days prior to the next scheduled transfer. If the automatic transfer is returned for any reason, including non-sufficient funds, STAR Community may assess a fee, as specified in STAR's schedule of fees. STAR Community may attempt to make the transfer two additional times before deeming the transfer as an unpaid return.</b></p> <p>Transfer from: STAR Community Credit Union          Location/Branch: Chico, Ca.      ABA: 321171841          Account #: _____      Account Type: _____</p>
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<p>Check appropriate box:</p> <p><input type="checkbox"/> One time only</p> <p><input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Bi-Weekly</p> <p><input type="checkbox"/> Weekly</p>
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<p>Transfer to: _____      <input type="checkbox"/> Savings    <input type="checkbox"/> Checking    <input type="checkbox"/> Loan          (Name of Financial Institution)</p> <p>Name on Acct: _____      Account Number: _____</p> <p>Location/Branch: _____      ABA/Routing Number: _____          (city and state)</p> <p>Transfer Amount: \$ _____</p> <p><b>*****ATTACH A VOIDED CHECK TO THIS FORM</b></p>
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I (We) hereby authorize STAR Community Credit Union to initiate credit entries (and/or corrections to the previous entries) from my (our) share/checking account indicated above. This authority will remain in full force and effect until I (we) give STAR Community Credit Union written notification of termination in such manner as to allow STAR Community Credit Union reasonable opportunity to act on it. I (We) acknowledge that the origination of ACH transactions must comply with the provisions of all applicable federal and state laws and/or regulations including OFAC regulations. In addition, I (We) agree to the following terms and conditions:

1. I (We) accept full responsibility for the information provided on this transfer agreement.
2. I (We) understand that the other financial institution involved in this transfer may impose charges, for which I (we) are responsible for paying.
3. I (We) understand this transfer agreement form must be submitted to STAR Community Credit Union at least 10 business days prior to the date of the transfer date requested. In addition, I (we) understand the available funds must be in my STAR Community Credit Union account 2 business days prior to the transfer date. I (We) further understand a fee may be charged to my (our) STAR Community Credit Union account if the funds are not available for transfer on the specified date or if the transfer is rejected by the other financial institution, according to applicable Schedule of Fees.
4. I (We) understand if this credit is for a loan payment at the other financial institution and if I (we) revoke or cancel this transfer agreement before the outstanding balance of my (our) loan is paid off, it is my (our) responsibility to continue my (our) loan payments with another form of payment, by the scheduled due date. I (We) understand failure to meet the payment requirement will result in late fees and possible derogatory credit action.
5. I (We) understand and agree that STAR Community Credit Union shall not be responsible for any act or failure to act on their part, except in case of gross negligence or willful misconduct. Furthermore, I (we) agree to hold STAR Community Credit Union harmless for any claims, liabilities, attorney's fees, and other costs and expenses of any and every kind and nature which I (we) may incur as a result of STAR's performance under this authorization.
6. I (We) acknowledge that I (we) have received, read and agree with STAR Community Credit Union's Electronic Fund Disclosure and Truth-in-Savings Disclosure.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_