



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

### ACH DEBIT 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: _____

Check appropriate box:  <input type="checkbox"/> Please initiate ACH debit transfer                      Start Date: _____ <input type="checkbox"/> Please revise existing ACH debit agreement              Start Date: _____ <input type="checkbox"/> Please cancel existing ACH debit agreement              Start Date: _____  <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>
Transfer to: STAR Community Credit Union Location/Branch: Chico, Ca.              ABA: 321171841 Account #: _____              Account Type: _____

Check appropriate box:  <input type="checkbox"/> One time only  <input type="checkbox"/> Monthly  <input type="checkbox"/> Bi-Weekly  <input type="checkbox"/> Weekly
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Transfer From: _____ <input type="checkbox"/> Savings <input type="checkbox"/> Checking (Name of Financial Institution)
Name on Acct: _____              Account Number: _____
Location/Branch: _____              ABA/Routing Number: _____ (city and state)
Transfer Amount: \$ _____
<b>*****ATTACH A VOIDED CHECK TO THIS FORM</b>

<b>PURPOSE OF ACH DEBIT TRANSFER:</b> <input type="checkbox"/> Loan Payment <input type="checkbox"/> Share Deposit <input type="checkbox"/> Checking Deposit <input type="checkbox"/> Other _____
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I (We) hereby authorize STAR Community Credit Union to initiate debit 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) acknowledge that I (we) have received, read and agree with STAR Community Credit Union's Electronic Fund Disclosure and Truth-in-Savings Disclosure.
2. When this transfer is for a STAR Community Credit Union loan, and the transfer amount is greater than the outstanding loan balance at STAR, I (we) authorize STAR to payoff the loan, transfer any overage to my (our) share savings account. The transfer will continue and all funds posted to my (our) share savings account until I cancel the authorization by completing a new transfer agreement.
3. I (We) understand that it is my (our) responsibility to change the amount of this transfer if the amount of the loan payment changes for any reason. This requires completion of a new transfer agreement by me (us).
4. I (We) accept full responsibility for the information provided on this transfer agreement. I (We) understand that the other financial institution involved in this transfer may impose charges, for which I (we) are responsible for paying.
5. 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. I (We) further understand a fee may be charged to my (our) STAR 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.
6. I (We) understand that 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.
7. I (We) understand that if any loan payment is delayed due to processing time (form not submitted 10 business days before transfer date) or incorrect information, I (we) will make other arrangements for the loan payment and that STAR will not be held liable for any charges incurred due to this delay.
8. I (We) understand and agree that STAR 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 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 and this authorization.

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