

# Automatic Funds Transfer Authorization Via the Automated Clearing House (ACH)

## ACH Transaction Type – Incoming Loan Payment

The purpose of this form is to authorize KeyPoint Credit Union (“KeyPoint”) to make loan payments on a KeyPoint account from an originating checking or savings account via the Automated Clearing House (Incoming ACH).

By signing below, I request and authorize KeyPoint to initiate withdrawal (debit) entries from my account at the Originating Depository Institution indicated below to automatically transfer funds to my KeyPoint loan indicated below. I authorize adjustment entries in the event of erroneous transactions on my account. I further authorize the named Originating Depository Institution to process KeyPoint-initiated withdrawal entries from my account consistent with this authorization.

Once completed, please send this form to [LoanService@kpcu.com](mailto:LoanService@kpcu.com).

## KeyPoint Loan Information

<b>Member Name</b>	<b>Email Address</b>	<b>KeyPoint Loan Number:</b>
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## Payment Transfer Information

### Payment Amount for a KeyPoint Loan – (select one)

- Minimum Payment Due\*
  - Minimum Payment Due\* plus additional principal amount of: \_\_\_\_\_ (only list the total additional principal amount)
- \*I acknowledge and agree that the Minimum Payment Due\* may vary per the terms of the underlying agreement of the KeyPoint Account designated above.

### What day do you want KeyPoint to process your monthly withdrawals?

(The date must be at least 2 days before the end of your grace period. If left blank, we will process your payment on the due date.)

**Note:** I will refer to the terms of the underlying agreement of the KeyPoint Loan designated above for further information regarding my payment due date. I should speak with a KeyPoint loan servicing representative at (888) 255-3637 ext 4252 or via email ([LoanService@kpcu.com](mailto:LoanService@kpcu.com)) with any questions about my loan payments.

## Originating Depository Institution Information

<b>Institution Name</b>	<b>Legal Name on Account</b>
<b>Institution Telephone Number</b>	<b>Institution Routing Number (9-digit number on the bottom left of your check)</b>
<b>Account Type</b> <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	<b>Account Number</b>

## Signature

### Processing Time-Frames

Transfer(s) will be processed on the date requested, unless the date falls on a weekend or holiday, in which case the transfer(s) will be processed on the business day following the weekend or holiday. We will initiate the funds transfer in accordance with the request; however, we cannot guarantee the date on which the receiving financial institution will make the funds available and/or will process the debit entry. Requests should be provided in such a time and in such a manner as to allow us ten (10) business days prior to date of first transfer for the purpose of sending pre-notifications and/or test entries to the receiver account for account verification.

### Returned Automatic Transfers

If the automatic transfer is returned for any reason, including insufficient available funds, KeyPoint may assess a fee as specified in KeyPoint’s Schedule of Fees and Charges each time an automatic transfer is returned. We may resubmit a returned automatic transfer multiple times and we may charge an insufficient funds fee as specified in KeyPoint’s Schedule of Fees and Charges for each such resubmitted automatic transfer each time that same automatic transfer is returned.

KeyPoint reserves the right to immediately cancel this Automatic Funds Transfer Authorization if the account is not current or maintained in good standing, prior transfers are cancelled or returned due to insufficient funds, authorization is revoked, stop payment is issued, the account is frozen, a receiver disputes authorization of this transfer, KeyPoint suspects any fraudulent action, or any similar reason. I must maintain an account in good standing with KeyPoint at all times during the term of this Automatic Funds Transfer Authorization. I agree to maintain sufficient available funds to cover the transfer. I acknowledge that once the transaction is entered into the ACH system, reversal for any reason is not guaranteed.

### Signature

KeyPoint will be responsible for the transfer of funds in accordance with this authorization. By signing this Automatic Funds Transfer Authorization or submitting it to KeyPoint electronically, I confirm my receipt of a copy of it and understand the following:

- Transfers initiated under this authorization will be subject to the KeyPoint Member Handbook, applicable California and federal law, and the rules of the National Automated Clearinghouse Association (“Nacha”) and it is my responsibility to not initiate any transfers that would violate state or federal law;
- This authorization will remain in full force and effect until KeyPoint has received written notification from an authorized signer on my account to change or cancel this authorization;
- I can cancel this authorization at any time by notifying KeyPoint in writing (via email at [LoanService@kpcu.com](mailto:LoanService@kpcu.com)) at least three business days before the next transfer is scheduled to occur. I further understand that it is my responsibility to cancel authorized entries in writing with KeyPoint if the receiving account or loan with KeyPoint has been closed or paid in full, providing at least three business days’ notice prior to the next scheduled transfer date;
- Once a transfer is made to another financial institution, KeyPoint will have no further responsibility or liability for deposit of such funds;
- KeyPoint will not be held liable for any errors created by or as a result of my authorization; any errors created by or as a result of my authorization are my responsibility and liability;
- The terms of this authorization are also subject to KeyPoint’s Member Handbook, which I have already received; and
- I certify that: (1) I maintain ownership of and have full authority on any accounts I designate under this Automatic Funds Transfer Authorization to initiate transactions at both KeyPoint and the Depository Institution(s) indicated above; and (2) all of the information I provide to KeyPoint with ACH requests shall be true, correct and complete.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature of Authorized Owner of Originating Account (if not the member) \_\_\_\_\_ Date \_\_\_\_\_