



ACH Deposit Advance Enrollment Form

Member Name _____ Date: _____

Account # _____ ID: _____

BY SIGNING BELOW, I HEREBY AGREE TO TO THE FOLLOWING TERMS AND CONDITIONS:

1. I am requesting that Alive Credit Union advance funds against future ACH deposits that are pending to the account above, and I agree to pay either the per item fee or the monthly fee specified below.
2. I understand that I am responsible to repay all funds I receive on any advance, should the ACH item securing the advance ultimately be reversed or rescinded prior to the settlement date.
3. I agree to keep enough funds in my account to cover all pre-arranged loan transfers occurring on the ACH settlement date, and I authorize Alive Credit Union to transfer enough funds out of any subsequent deposits and credits to cover my entire balance due. I understand that Alive Credit Union has the right to refuse my participation in this service if a loan I am a signer or guarantor on becomes past due, or for any other reason, without notice.
4. I understand that Alive Credit Union does not control when ACH notifications are received and that advances will not be made until such time that my ACH item notification is received by the credit union.
5. I acknowledge that Alive Credit Union has the right to change any terms, conditions or fees associated with this service and that I will be notified of any such changes 45 days in advance so that I have sufficient time to discontinue this service, if I so choose, prior to any changes being implemented.
6. I understand that I may be required to update my account information with some or all of my ACH deposit originators in order to facilitate my participation in this service and/or to continue any existing ACH distributions currently existing on my account.
7. I understand that advances can not be made against any ACH Deposit(s) originated by Alive Credit Union on my behalf, such as those that I originate through home banking or that I authorize in writing.

_____ \$3.00 per Item

_____ \$8.00 Monthly/Unlimited

Account Holder/Joint Account Holder

2nd Authorized Signer (if necessary)

FAX OR EMAIL FORM TO 904-296-2559 OR INFO@ALIVECU.COOP