

ORION FINANCIAL ACH ORIGINATION AGREEMENT

Schedule J

Below are sample ACH Authorization Agreements & Consumer Authorizations for debit and credit ACH transactions. These are provided by Orion Financial as sample forms and may be used as a starting point for drafting your own agreements with your accountholders or customers. These documents are not intended as legal advice, and they may not be suitable for your organization's specific products, services, or circumstances without modification. You are responsible for reviewing these documents with qualified legal counsel and customizing them to comply with applicable law, NACHA Operating Rules, and your own policies and procedures. **ORION FINANCIAL MAKES NO REPRESENTATION OR WARRANTY, EXPRESS OR IMPLIED, AS TO THE ACCURACY, COMPLETENESS, OR FITNESS FOR ANY PARTICULAR PURPOSE OF THESE SAMPLE DOCUMENTS. ORION FINANCIAL SHALL HAVE NO LIABILITY FOR ANY LOSS, CLAIM, OR OBLIGATION ARISING FROM YOUR USE OF OR RELIANCE UPON THESE DOCUMENTS.**

Sample ACH Authorization Agreements Consumer Authorization
for Direct Payment via ACH (ACH Debits)

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment. I/We authorize _____ ("Company") to electronically debit my/our account, and, if necessary, electronically credit my/our account to correct erroneous debits, as follows:

Account Information

Checking Account

Savings Account

Financial Institution Name: _____

Routing Number: _____

Account Number: _____

Amount of debit(s) or method of determining amount of debit(s) [or specify range of acceptable dollar amounts authorized]: _____

Dates(s) and/or frequency of debit(s): _____

I/We understand that this authorization shall remain in full force and effect until I/We notify Company in writing of my/our revocation of this authorization. I/We understand and agree that Company requires no less than _____ weeks prior written notice in order to cancel this authorization.¹²

Name(s): _____

(Please Print)

Date: _____

Signature(s): _____

¹Written debit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the time and manner stated in the authorization. The reference to notification should be filled with a statement of the time and manner that notification must be given in order to provide company a reasonable opportunity to act on it (e.g., "In writing by mail to 100 Main Street, Anytown, NY that is received at least three (3) days prior to the proposed effective date of the termination of authorization").

²The NACHA Operating Rules do not require the consumer's express authorization to initiate Reversing Entries to correct erroneous transactions. However, Originators should consider obtaining express authorization of debits or credits to correct errors.

Consumer Authorization for Direct Deposit via ACH (ACH Credits)

Direct Deposit via ACH is the deposit of funds to a consumer's account for payroll, employee expense reimbursement, government benefits, tax and other refunds, and annuities and interest payments. I/We hereby authorize _____ ("Company") to electronically credit my/our account, and, if necessary, electronically debit my/our account to correct erroneous credits.³ I/We understand and agree that ACH transactions I/We authorize comply with all applicable laws. I have provided information for each of my applicable accounts below.

Check all that apply:

- Begin Deposit
- Change Information
- Split Among Multiple Accounts

Account #1

- Checking
- Savings

Financial Institution Name: _____

Routing Number: _____

Account Number: _____

Name(s) on the Account: _____

Amount of credit (i.e., flat amount or percentage): _____

Date(s) and/or frequency of credit(s): _____

Account #2

- Checking
- Savings

Financial Institution Name: _____

Routing Number: _____

Account Number: _____

Name(s) on the Account: _____

Amount of credit (i.e., flat amount or percentage): _____

Date(s) and/or frequency of credit(s): _____

³The NACHA Operating Rules do not require the consumer's express authorization to initiate Reversing Entries to correct erroneous transactions. However, Originators should consider obtaining express authorization of debits or credits to correct errors.

I/We understand that this authorization shall remain in full force and effect until I/We notify Company in writing of my/our revocation of this authorization. I/We understand and agree that Company requires no less than _____ weeks prior written notice in order to cancel this authorization.⁴

Name(s): _____

(Please Print)

Date: _____

Signature(s): _____

⁴ Written credit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the time and manner stated in the authorization. The reference to notification should be filled with a statement of the time and manner that notification must be given in order to provide company a reasonable opportunity to act on it (e.g., "In writing by mail to 100 Main Street, Anytown, NY that is received at least three (3) days prior to the proposed effective date of the termination of authorization").