



ACH Debit Authorization Form

Authorization Agreement for Direct Payments (ACH Debits)

I (we) hereby authorize Spring Valley Bank, hereinafter called "Company," to initiate debit entries to my (our) account indicated below at the depository financial institution named below, hereinafter called "Bank". Debited funds are to be applied to my loan # listed below at Spring Valley Bank. I (we) understand and agree that the draft amount may vary in accordance with the terms of the promissory note and/or escrow account associated with this agreement.

Bank Account Information

- Bank Name: _____
- Bank Address: _____
- Routing Number (ABA): _____
- Account Number: _____ Account Type: Checking Savings

Customer Information

- Customer Name(s): _____
- Billing Address: _____
- Email Address: _____ • Phone #: _____
- Loan #: _____

Payment Details

- Draft Amount: Regular Monthly Payment Additional Principal \$ _____
- Frequency: One-time Weekly Monthly Quarterly Annually
- Start Date: ___ / ___ / ___ End Date (if applicable): ___ / ___ / ___
- Description of Payment: _____

Authorization

I (we) understand that this authorization will remain in effect until I (we) notify the Company in writing to cancel it, and I (we) agree to notify the Company in a reasonable time prior to the next scheduled payment. I (we) understand that if the payment date falls on a weekend or holiday, the payment may be executed on the next business day.

I (we) certify that I (we) am (are) an authorized signer on the account listed above and that I (we) will not dispute these scheduled transactions with my (our) bank provided the transactions correspond to the terms indicated in this authorization form.

Signature: _____

Date: ___ / ___ / ___

Signature: _____

Date: ___ / ___ / ___

Bank Processing Section (For Internal Use Only) <ul style="list-style-type: none">• Date of Data Entry: ___ / ___ / ___• Processed By: _____• Additional Notes: _____
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ACH Debit Authorization Disclosure

Authorization and Agreement

By signing the ACH Debit Authorization Form, you agree to allow Spring Valley Bank to initiate Automated Clearing House (ACH) debit entries from your designated bank account for payments due. This authorization remains in effect until revoked in writing.

Customer Liability for Unauthorized Transfers

Under Regulation E (Electronic Fund Transfer Act), your liability for unauthorized electronic fund transfers is limited as follows:

- If you notify us within 2 business days after learning of the loss or theft of your access device, your maximum liability is \$50.
- If you notify us after 2 business days but within 60 days of receiving your statement showing the unauthorized transfer, your liability may increase up to \$500.
- If you fail to notify us within 60 days, you may be liable for the full amount of unauthorized transfers occurring after the 60-day period.

To report unauthorized transfers, you may call us at 513-761-6688 but you must also submit a Written Statement of Unauthorized Debit (WSUD). This form affirms that the debit was not authorized or did not conform to the terms of your authorization.

Revocation of Authorization

You may revoke this authorization at any time by providing written notice at least three business days before the scheduled debit date. Revocation does not affect debits already processed.

Timing and Amount of Debits

Debits will occur on or after the due date specified in your agreement. If the debit date falls on a weekend or holiday, the transaction may be processed on the next business day.

Returned Payments

If an ACH item is returned due to insufficient funds or other reasons, you may be subject to a returned ACH item fee as outlined in your service agreement. See separate Fee Schedule.

Fraudulent Claims Warning

Submitting a false claim of unauthorized debit may result in penalties under federal law. Please ensure all claims are made in good faith.