



APPLICATION FOR MEMBERSHIP

ORGANIZATION NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ORGANIZATION WEB-SITE URL: _____

ORGANIZATION E-MAIL ADDRESS: _____

(Hereinafter called the Applicant), hereby applies for membership in the SouthWestern Automated Clearing House Association (SWACHA).

Applicant recognizes agrees that it (I) will be bound by, and comply with, the Bylaws of SWACHA as they may be in effect from time to time and (ii) will pay the membership dues for members as determined by the Board of Directors of SWACHA from time to time.

Dated this _____ day of _____ 20____

Name: _____ Title: _____

Signature: _____



The Electronic Payments Resource®

**CERTIFICATE OF CORPORATE RESOLUTION
(For Members)**

I, _____

of _____

hereby certify that at a meeting of the Board of Directors of the above-named Financial Institution, duly called and held on _____, at which a quorum was present and acting throughout, the following resolution was duly adopted and that such resolution has not been amended, rescinded or repealed and is still in full force and effect:

RESOLVED, that this Financial Institution apply for membership in the SouthWestern Automated Clearing House Association and that for such purpose the President,

(Insert titles of authorized officers if desired)

of this Financial Institution be and each such officer acting singly hereby is authorized in the name and on behalf of this Financial Institution to execute and deliver to such Association in the form prescribed by such Association and Application for Membership and such other agreements as may be necessary for membership in the Association.

Dated this _____ day of _____, 20_____

Signature

Title

ATTEST:

(Corporate Seal)

Secretary or Cashier



MEMBERSHIP RECORD

Transit Routing #: _____ - _____ - _____

Organization Name: _____

Mailing Address: _____

City ST Zip

Physical Address: _____

City ST Zip

Telephone Number: (____) _____ FAX: (____) _____

Contact Name(s):

E-mail Address:

CEO _____

President _____

Sr. Operations Officer _____

ACH Coordinator _____

Compliance Officer _____

Cash Management Mgr. _____

Marketing Manager _____

Billing Contact _____

For SWACHA Use Only

Entered: _____ by: _____



The Electronic Payments Resource®

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS OR DEBITS

We hereby authorize SouthWestern Automated Clearing House Association (SWACHA) to initiate entries to the account at the financial institution named below. In the event an entry is incorrect, SWACHA reserves the right to submit correcting entries.

(Organization's Financial Institution)

(City)

(State)

(Zip)

				-					-	
--	--	--	--	---	--	--	--	--	---	--

(Transit / ABA#)

(Account #)

Checking

Saving

General Ledger

This authorization is to remain in full force and effect until SWACHA has received written notification of its termination in such time and in such manner as to afford SWACHA a reasonable opportunity to act on it.

(Name)

(Title)

(Organization)

(Date)

(Signature)



Federal Reserve Bank FedACH[®] Participation Agreement

FRBservices.org

Part 1: Agreement to Terms and General Participant Information

1. General

All ACH participants must complete this agreement. Please sign this agreement and obtain the signatures of all parties involved prior to returning it to the Reserve Bank for processing. Subsequent amendments to this agreement may not require the execution of a new agreement in its entirety. For example, if a Sending/Receiving Point change is necessary, only the applicable page(s) will need to be executed.

2. Agreement to Terms

In consideration of the Reserve Bank (i) processing automated clearing house (ACH) items for us and for other sending and receiving depository institutions or (ii) sending ACH items to and/or receiving ACH items from our institutions, we agree to the following: (1) the Reserve Banks Operating Circular 4, entitled "Automated Clearing House Items," (2) to the applicable ACH rules incorporated in Operating Circular 4, and (3) to the terms and conditions set forth in this FedACH Participation Agreement, each as amended from time to time.

3. General Participant Information

When you submit this page, the submitted page supersedes any previous versions of the same page.

Requested Effective Date (ACH Process Date)
(Must be received by the Reserve Bank at least five business days prior to the requested effective date)

General Information

Name of Participating Institution or Service Provider	Nine Digit RT/ETI
Business Contact Name	Email Address
Phone Number to be published in the Composite Receiver File ¹	Fax Number
Regional Payments Association Affiliation	

¹ The Composite Receiver File is a list of all current financial institutions defined as receivers in the Federal Reserve's ACH system.

Federal Reserve Bank FedACH[®] Participation Agreement

INTERNAL FR

Part 1: Agreement to Terms and General Participant Information

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Default Address

**Used for correspondence received from the Reserve Banks. P.O. Box most often used.*

Street Address or P.O. Box	
City	
State	
Zip Code	

Operations Address

**Location of Operations Center. Address is published in the Composite Receiver File (CRF) and the Treasury Master File (TMF). If no address supplied, the Default Address is used.*

Street Address or P.O. Box	
City	
State	
Zip Code	

Legal Address

**Official address. Address is published in the Composite Receiver File (CRF) and the Treasury Master File (TMF). If no address supplied, the Default Address is used.*

Street Address or P.O. Box	
City	
State	
Zip Code	

Authorized Signature

Contact Name	Phone Number
Signature (authorized ACH signer on Official Authorization List)	Printed Name