



The Electronic Payments Resource®

APPLICATION FOR AFFILIATE MEMBERSHIP

ORGANIZATION NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ORGANIZATION WEB-SITE URL: _____

ORGANIZATION E-MAIL ADDRESS: _____

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

Applicant recognizes agrees that Affiliate Membership is available for organizations other than those defined as depository financial institutions. Affiliate Membership includes commercial businesses, trade associations, data centers, service bureaus, software and hardware vendors, data processing and communications companies, consultants, and individuals.

Applicant recognizes agrees that it (i) will be bound by, and comply with, the Bylaws of SWACHA, (ii) will pay the membership dues for Affiliate Membership as determined by the Board of Directors of SWACHA from time to time, and (iii) will not be able to send and receive entries through the ACH system solely by reason of its status as an Affiliate Member.

Representative who will serve as the primary contact is:

Name: _____ Title: _____

Address: _____

Telephone Number: (____) _____ Fax Number: (____) _____

Dated this _____ day of _____ 20____

Signature: _____



AFFILIATE MEMBERSHIP RECORD

Membership Period

Membership is from January 1 through December 31. Dues are paid annually in January via ACH debit. If you choose to receive an invoice, a fee of \$50.00 to generate and process paper is added.

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:	_____	_____
Billing Contact	_____	_____

**Or equivalent title*

For SWACHA Use Only



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)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	---	----------------------	----------------------	----------------------	----------------------	---	----------------------

(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 Name)

(Date)

(Signature)