

Automated Settlement Authorization – ASA

1. **Request Type:** ☐ New Client ☐ Add Networks ☐ Change Account Number
☐ Consolidate settlement to one net position by account number

2. Credit Union Logo: 4 digits: _____

The undersigned credit union ("Credit Union") authorizes Card Services to request funds for the purpose of settling electronic funds interchange ("Interchange") transactions from the corporate credit union ("Corporate") designated below.

Furthermore, the Credit Union authorizes the corporate to debit or credit the account of the Credit Union designated below for the purpose of automated settlement of Interchange transactions originated by Card Services.

Furthermore, the Credit Union established the appropriate settlement authorization and overdraft agreement with the Corporate named herein.

Furthermore, the Credit Union acknowledges and agrees that it shall remain primarily responsible and liable for:

- a. The performance of any and all settlement obligations and duties which would have been the obligations and duties of the Credit Union had it not elected to utilize the Automated Settlement service through the Corporate.
- b. The payment of any and all settlement amounts which the Credit Union would have been obligated to pay directly had it not elected to utilize the Automated Service through the Corporate.

3. Credit Union Name (print): _____

4. Credit Union Street Address (print): _____

5. Credit Union City/State/Zip (print): _____

6. Credit Union Routing & Transit Number: _____ (8 digits) _____

7. Corporate CU Name (Settlement Agent): _____

8. Corporate CU Routing & Transit Number: _____ (Use the Corporate Credit Union List; 9 digits) _____

9. Credit Union's Account # at the Corporate: _____
(Credit Union's routing and transit number and the check digit; 9 digits/or pseudo #)

10. Networks: _____

****ASA MUST BE SIGNED BY CORPORATE CU BEFORE SUBMITTING TO EFT FOR PROCESSING****

11. Corporate Representative: _____ Date: _____
(signature)

12. Printed Name: _____ Title: _____

13. Credit Union Representative: _____ Date: _____
(signature)

14. Printed Name: _____ Title: _____

****FOR CARD SERVICES USE ONLY****

Processed by: _____ Date: _____
Implementation Project Manager: _____ Ext: _____