



ACH ORIGINATION AUTHORIZATION FORM

TRANSFER INFORMATION

Please DEPOSIT to my personal SharePlus account, or SharePlus loan for which I may sign, by withdrawing funds from the financial institution named below. I authorize that institution to initiate debit entries to my personal savings/checking account indicated below.

Please WITHDRAW from my personal SharePlus account, account for which I may sign, and send the funds to the other financial institution named below.

Month To Begin: (Allow 15 days for first transfer):

SHAREPLUS FEDERAL BANK INFORMATION:

Personal Account

Customer Name:

SharePlus Account Number: Savings Checking Loan COD* Interest only

Transfer amount \$ Transfer date (day of month):

Transfer Frequency: One Time Monthly Quarterly Weekly Semiannually Annually Biweekly Twice Monthly every 14 days

INFORMATION OF OTHER INSTITUTION:

Business Name or Personal

Name on Account: * Account Type: Savings Checking Loan

Note: For Business Accounts, please provide documentation that you are an authorized signer on the business account

Account Number: Financial Institution Name:

Financial Institution Phone Number: Institution Routing Number:

Financial Institution Address:

*Attach voided check, deposit slip, payment coupon or letter from institution to validate account information

I hereby authorize SharePlus Federal Bank to transfer funds, as listed above, between my accounts at SharePlus and another financial institution and, if necessary, to make adjustments for any errors. SharePlus will be responsible for the transfer in accordance with this authorization. If my selected date falls on a weekend or holiday, I understand that the transaction will be processed on the next business day. Once a transfer has been made to another financial institution, SharePlus will have no further responsibility for the credit or debit of such funds. The individual signing below has authority to bind COMPANY. This authorization will remain in effect until SharePlus has received written notification to cancel this authorization in such time and in such manner as to afford all financial institutions a reasonable opportunity to act on the notification, or until SharePlus has given me written notice of cancellation. Written notification of cancellation of authorization must be mailed to the address listed below. I further understand and agree that in order for SharePlus to make any automatic transfers per this Authorization Form, the full amount must be available in my account. I may be assessed a fee and cancellation of my automatic transfer agreement in the event that funds are not available for transfer. My signature below acknowledges that I have received a disclosure and agreement regarding the terms and conditions governing SharePlus electronic services. I acknowledge that the origination of ACH transactions to my and/or COMPANY's account must comply with the provisions of U.S. law. Payments to loans: If I make a payment to my loan using other means than Autopay, such as by check, my Auto pay transfer will still occur based on this authorization agreement. Monthly payments to SharePlus loans will cease once the loan is paid in full. I understand that for the transfer to occur both the receiving and the debited account must be either my personal account or the account of COMPANY for which I have authority to both receive and withdraw funds.

Authorized Signer Name (Business Account Only) Customer's Signature Date

TERMINATION OF THIS AGREEMENT: Any one of you may cancel this agreement by giving us written notice. Your notice will be effective () days after we receive it.

Effective (date) the undersigned cancels this Automatic Transfer Authorization.

Signed