



*Your Electronic Payments Professionals*

## Membership Agreement

As a UMACHA member you will receive the ACH Rules, newsletters, professional development courses schedules, publications and other information to assist you with your ACH processing. Your financial institution will also be listed as a UMACHA member in all national ACH participant listings.

Complete the form below to receive UMACHA information and take advantage of all the member benefits of UMACHA. We use e-mail as a primary source of delivery so you receive up-to-the-minute information.

***Please remember to let us know whenever you have changes in your contact information so you continue to receive all updated information about ACH and other important UMACHA information.***

FINANCIAL INSTITUTION NAME \_\_\_\_\_ R/T NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

WEBSITE ADDRESS (URL) \_\_\_\_\_ FAX \_\_\_\_\_

ASSET SIZE (\$MM) \_\_\_\_\_

PRIMARY ACH CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

OPERATIONS CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

MARKETING CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

PRESIDENT/CEO \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**The institution stated above makes this application for membership in UMACHA and herein agrees:**

- 1) it is a financial institution authorized by law to accept deposits, or is a holding company of one or more financial institutions authorized by law and its own governing rules to accept deposits; and is ensured or guaranteed by the Federal and/or a State government,
- 2) it is in compliance with and agrees to be bound by the Articles of Incorporation and Bylaws of UMACHA and the NACHA Operating Rules; and,
- 3) to pay all dues as levied by the Board of Directors of UMACHA and member specifically authorizes the collection of these dues through the Automated Clearing House Network.

**I understand that by providing the above information I consent to receive communications via mail, fax or email sent by or on behalf of UMACHA.**

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

FINANCIAL INSTITUTION NAME \_\_\_\_\_ R/T NUMBER \_\_\_\_\_

BY \_\_\_\_\_ TITLE \_\_\_\_\_

### Annual Membership Investment\*

☐ Base fee - \$250 (receive electronic communications) **OR**

☐ Base fee - \$275 (receive communications via fax or mail)

*\*Plus per item fees charged depending on volume. Contact UMACHA for current per entry pricing.*

### Membership Payment

☐ Please invoice for \$ \_\_\_\_\_

☐ Check enclosed for \$ \_\_\_\_\_  
(Please make sure you send correct amount)

☐ Please debit our account # \_\_\_\_\_

at ☐ G/L or ☐ DDA, R/T # \_\_\_\_\_

Authorized Signature \_\_\_\_\_

#### UMACHA USE ONLY

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_