

Terms and Conditions for Electronic Funds Transfer (EFT)

By submitting this completed and signed electronic form and agreement, you agree:

- To accept payments from the Eau Claire Area School District through electronic transfer(s).
- The District can rely on the information supplied on the Authorization Form.
- To the terms and conditions for electronic funds transfer payments listed below:
 1. The District will initiate EFT payments to pay all obligations to you arising from existing agreements, and you will accept EFT payments to satisfy all such obligations. EFT payments will be made to the financial institution and account number shown on your Authorization Form.
 2. Payment will be made in accordance with and governed by the Corporation Trade Rules of the National Automated Clearing House Association (NACHA).
 3. You or an authorized representative must communicate any changes in the enrollment information to the District in writing within 15 days of the effective date to allow adequate time to respond to the changes. The District will not be responsible for any loss arising solely from error, mistake, or fraud regarding the information on your Authorization Form.
 4. These EFT terms and conditions neither enlarge nor diminish the respective rights and obligations contained in the agreement with you. Payment will be considered made when your financial institution has received or has control of a payment transaction from the district.
 5. The District has a right to adjust future payments if payments previously made are found to be duplicates, in excess of requirements, fraudulent, in error or requires any other adjustment under the terms of the agreement with you. This may be accomplished by using an ACH debit.
 6. The District is responsible for an EFT transaction only to the time your financial institution receives or has control of the transaction. The District will be responsible for loss of data only when the loss is due solely to the negligence of the District. (The District will not be responsible to pay any fees to the bank in relation to the transfer of the funds. The District also will not be required to pay any late fees if the funds remitted are not credited to the supplier's account through no fault of the District.
 7. Either party may terminate this EFT agreement by sending written notice, effective 10 business days after receipt.
 8. Remittance information will be e-mailed to the address noted on the Authorization Form.

These terms and conditions are hereby incorporated into all existing agreements between you and the District.



Electronic Transfer Sign-Up Authorization Form and Agreement

After completing this form:

Fax: 715-852-3019 **Email:** coafinance@ecasd.us

Mail: Accounting Department, 500 Main Street, Eau Claire, WI 54701

Account Holder Name (Print) : _____

Street Address: _____

City, State, Zip Code: _____

Phone Number with Area Code: _____

Email Address: _____

(Email address is required to notify you electronically with remittance information)

Financial Institution: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number with Area Code: _____

Check One: ☐ **Start** ☐ **Change** ☐ **Cancel**

Account Number: _____

Routing Number (first 9-digits on check): _____

Check One: ☐ **Checking** ☐ **Savings**

Terms & Conditions: The principal purpose for requesting this information on this form is to verify your identity and set up your account to receive EFT payments. Furnishing your name, address, and bank account information is mandatory. Failure to provide such information will delay or may even prevent the payment for which this form is being filled out. Information on this form is used by ECASD for non-payroll payments and may be transmitted to the State and Federal government as required by law.

Acceptance

I hereby authorize EFT Payments to the account number above under the terms and conditions of this agreement and verify that the information contained on the face hereof is correct.

Signature: _____ Date: _____

Attach Voided Check Here

For ECASD Use ONLY – PEID#:



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