



ACHConnect User Authorization Form

Date: _____ Credit Union: _____

Authorized Representative Name and Title (Printed):

Signature: _____

Complete the information below for each person requiring "ACHConnect" access. Enter name, email, and enter monetary limits for entry and approval for each person.

Name	Email	Entry Limit per Day * Aggregate Amount	Approval Limit per Day * Aggregate Amount

*Aggregate amount is total of debit and credit transactions combined