



FINANCIAL INSTITUTION MEMBERSHIP APPLICATION AND AGREEMENT

Name: _____ Title: _____

Financial Institution Name: _____ (FI's) Certificate/(CU's) Charter #: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Routing Transit Number: _____

The financial institution stated above makes this application for membership in EPCOR 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;
2. it is in compliance with and agrees to be bound by the Articles of Incorporation and Bylaws of EPCOR and the NACHA Operating Rules; and,
3. as long as Member is a member it will pay all dues as levied by the Board of Directors of EPCOR and Member specifically authorizes the collection of these dues through the Automated Clearing House Network.

Please select the account from which you would like your dues to be debited:

General Ledger Demand Deposit Account

Account Number: _____

*If using a Correspondent Bank, please provide their RTN: _____

I understand that by providing my email and fax number, I consent to receive email and faxes sent by EPCOR. I understand that EPCOR will not share my email or fax number with other organizations.

** EPCOR reserves the right to disassociate itself from any organization that, in EPCOR's opinion, fails to abide by our Code of Conduct or otherwise brings discredit to EPCOR and/or the payments profession.

Signature: _____ Date: _____

Return to:
EPCOR, 3100 Broadway, Ste 555, KC MO 64111
Fax: 816-471-7665 or Email: memserve@epcor.org

Fees for seminars, conferences, dues, materials or services paid to EPCOR, a not-for-profit corporation, may be deductible for members for federal income tax purposes as ordinary and necessary business expenses. Dues are not deductible as charitable contributions. As always, we suggest you consult your tax attorney or tax advisor for further details. This notice is pursuant to IRS Code Section 6113.



Federal Reserve Bank FedACH[®] Participation Agreement

FRBservices.org

Part 1: Agreement to Terms and General Participant Information

1. General

All ACH participants must complete this agreement. Please sign this agreement and obtain the signatures of all parties involved prior to returning it to the Reserve Bank for processing. Subsequent amendments to this agreement may not require the execution of a new agreement in its entirety. For example, if a Sending/Receiving Point change is necessary, only the applicable page(s) will need to be executed.

2. Agreement to Terms

In consideration of the Reserve Bank (i) processing automated clearing house (ACH) items for us and for other sending and receiving depository institutions or (ii) sending ACH items to and/or receiving ACH items from our institutions, we agree to the following: (1) the Reserve Banks Operating Circular 4, entitled "Automated Clearing House Items," (2) to the applicable ACH rules incorporated in Operating Circular 4, and (3) to the terms and conditions set forth in this FedACH Participation Agreement, each as amended from time to time.

3. General Participant Information

When you submit this page, the submitted page supersedes any previous versions of the same page.

Requested Effective Date (ACH Process Date) <i>(Must be received by the Reserve Bank at least five business days prior to the requested effective date)</i>	
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General Information

Name of Participating Institution or Service Provider	Nine Digit RT/ETI
Business Contact Name	Email Address
Phone Number to be published in the Composite Receiver File ¹	Fax Number
Regional Payments Association Affiliation	

¹ The Composite Receiver File is a list of all current financial institutions defined as receivers in the Federal Reserve's ACH system.

Part 1: Agreement to Terms and General Participant Information

Default Address

**Used for correspondence received from the Reserve Banks. P.O. Box most often used.*

Street Address or P.O. Box	
City	
State	
Zip Code	

Operations Address

**Location of Operations Center. Address is published in the Composite Receiver File (CRF) and the Treasury Master File (TMF). If no address supplied, the Default Address is used.*

Street Address or P.O. Box	
City	
State	
Zip Code	

Legal Address

**Official address. Address is published in the Composite Receiver File (CRF) and the Treasury Master File (TMF). If no address supplied, the Default Address is used.*

Street Address or P.O. Box	
City	
State	
Zip Code	

Authorized Signature

Contact Name	Phone Number
Signature (authorized ACH signer on Official Authorization List)	Printed Name

Completed agreements can be faxed to 877-281-3647 or e-mailed to: ccc.bankservices@kc.frb.org



EPCOR CODE OF CONDUCT

EPCOR is a not-for profit trade association responsible for providing payment systems education, support and industry leadership to its members. EPCOR has adopted a Code of Conduct to ensure that the activities that affect the payments industry are conducted with the highest levels of integrity, professionalism and fairness, and to ensure a mutually beneficial relationship.

This Code of Conduct identifies the standards of behavior expected of members of EPCOR and its various programs, and non-member organizations engaged in EPCOR's activities and/or providing services to EPCOR or to members of EPCOR.

Membership in EPCOR commits members to comply with the standards of the EPCOR Code of Conduct. An organization and its representatives are in good standing under this Code if they:

- 1. Adhere to the spirit as well as the letter of all applicable regulations and laws, including antitrust, banking, privacy, and other relevant laws;
2. Avoid even the appearance of any criminal offense or professional misconduct;
3. Conduct business in a manner that does not adversely affect the payments industry;
4. Conduct all activities in a professional manner, thereby bringing credit to the payments profession;
5. Remain current with all financial obligations to EPCOR;
6. Comply with all applicable EPCOR policies and procedures; and
7. Work together to promote the efficiency, reliability, and security of the payments industry.

Signature: _____ Title: _____

Date: _____

Financial Institution/Company Name: _____ ABA #: _____

Both the EPCOR Membership Agreement and the EPCOR Code of Conduct must be completed, returned and payment must be received prior to activation of your EPCOR membership.

** EPCOR reserves the right to disassociate itself from any organization that, in EPCOR's opinion, fails to abide by our Code of Conduct or otherwise brings discredit to EPCOR and/or the payments profession.

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SUBMIT