

EastPay Membership Application and Agreement



We hereby make application for membership in EastPay, Inc.

___ Financial Institution Member ___ Affiliate Member: Third-Party Processor / Government / Corporation (circle one)

Organization Name: _____

If a Financial Institution, R/T Number: _____

Street Address: _____

Suite/Floor/Mail Code: _____ Web Site URL: _____

City: _____ State: _____ Zip: _____

Telephone: _____ *Fax: _____ Website: _____

Primary Contact/Title: _____ *E-mail: _____

Executive Contact/Title: _____ *E-mail: _____

Billing Contact/Title: _____ *E-mail: _____

Compliance or Audit Officer/Title: _____ *E-mail: _____

Operations Officer or Cashier/Title: _____ *E-mail: _____

Rules Book Recipient/Title: _____ *E-mail: _____

Marketing or Cash Mgmt Officer/Title: _____ *E-mail: _____

ACH Coordinator/Title: _____ *E-mail: _____

Retail Banking Officer/Title: _____ *E-mail: _____

***By supplying e-mail addresses, you are agreeing to receive notification of compliance alerts, education opportunities, and other notices of the association via email (our e-Bulletin service). By supplying a fax number, you are providing your consent to receive faxes from EastPay. E-mail addresses and fax numbers are kept confidential and will not be sold or otherwise provided to another organization.**

Fees are automatically renewed on January 1 of each year for financial institution and affiliate members unless written cancellation is received ninety days in advance. Fees are non-refundable once the current year is in force. Fees may be paid in full by ACH debit through the Automated Clearing House. ACH payments require the routing and transit number of your financial institution, a general ledger or DDA account number, and your account name for proper authorization. Minimum annual fees may also be paid via check or credit card.

FINANCIAL INSTITUTION MEMBERSHIP: Membership fees for financial institutions are based on monthly ACH volume, specifically for commercial (i.e. non-government) credits received and commercial (i.e. non-government) ACH debits originated, as determined from volume reports provided by the Federal Reserve Bank. Annual financial institution membership fees range from a minimum of \$200 per year to a maximum transaction volume-based fee cap of \$13,000. The \$200 annual minimum is due with your initial membership application. Your monthly activity volume as supplied by the Federal Reserve Bank will be monitored, and when that volume is such that you have exceeded the \$200 annual minimum according to the Fee Schedule shown below, we will start assessing your membership fees on a monthly basis according to this Fee Schedule. Financial institutions may choose to be charged the full fee at the beginning of each year or to be assessed on a monthly basis.

Financial Institution Monthly Per-Transaction Fee Schedule

Tier (# items)	Monthly Volume	Fee Per Item Debits Originated	Fee Per Item Credits Received
I	1 - 12,000	\$0.0150	\$0.0170
II	12,001 - 25,000	\$0.0090	\$0.0090
III	25,001 - 50,000	\$0.0007	\$0.0007
IV	50,001 - 75,000	\$0.0005	\$0.0005
V	75,001 - above	\$0.0003	\$0.0003

AFFILIATE MEMBERSHIP: Affiliate memberships include third-party processors, government entities, and corporations. Annual affiliate membership fees of \$300 are assessed at the beginning of each calendar year.

EASTPAY MEMBERSHIP APPLICATION AND AGREEMENT

I hereby authorize the collection of transaction fees via the Automated Clearing House (ACH) and agree to waive the right to return fees through the ACH Network to EastPay, per contractual agreement.

Organization Name: _____

R/T Number (if applying for Financial Institution Membership): _____

I. As the authorized signer of this membership application, I agree to:

- 1) comply with and be subject to such provisions of the Operating Rules for the National Automated Clearing House Association (NACHA), and
- 2) comply with and be subject to the Articles of Incorporation and By-Laws of EastPay, Inc., as amended from time to time.

II. Payment Method:

___ **ACH Debit:** I hereby authorize ACH debit(s) to the account specified below for payment of the minimum annual membership fee and for payment of monthly ACH volume-based membership fees, where applicable.

R/T: _____ (for ease of settlement, you could use a correspondent account)

DDA/Share/GL Account Number: _____

___ **Check Enclosed:** Check is enclosed for minimum annual membership fee. (\$200 FIs/\$300 Affiliates)

___ **Credit Card Payment:** Charge the following credit card for the minimum annual membership fee. (\$200 FIs/\$300 Affiliates)

__VISA __Master Card __AmEx Card Number: _____

Expiration Date: _____ Name on Card: _____

EastPay Membership Agreement dated this _____ day of _____ (month), _____ (year)

Print Name of Authorized Company Executive: _____

Print Title of Authorized Company Executive: _____

Signature of Authorized Company Executive: _____

Fax a copy of the application to nearest EastPay office: FL: (407) 661-5821 NC: (704) 366-7557 WV / VA: (804) 648-5254

Please also mail original EastPay membership application (and the corresponding minimum fee payment if paying by check) to the following address: EastPay, Inc., 7400 Beaufont Springs Drive, Suite 405, Richmond, VA 23225.

Delivered and accepted by EastPay, Inc. on behalf of itself, the operator, and the participating financial institutions

this _____ day of _____ (month), _____ (year).

EastPay Officer Signature: _____

Printed Name: _____ Title: _____

ADDENDUM TO EASTPAY MEMBERSHIP APPLICATION AND AGREEMENT

PART ONE: FINANCIAL INSTITUTION ACH TRANSACTION VOLUME REPORT

(for Financial Institution Membership only)

I hereby authorize the Federal Reserve Bank to release the ACH transaction volume report for the past two months to EastPay, Inc.

Financial Institution Name: _____

Financial Institution R/T Number: _____

Street Address: _____

City: _____

State: _____ ZIP: _____

Telephone: _____ Fax: _____

Email: _____

Printed Name of Authorized Signer: _____

Title of Authorized Signer: _____

Signature: _____ Date: _____

PART TWO: ASSOCIATE MEMBER SUPPORTING INFORMATION

(for Associate Membership only)

Please provide a brief description of your organization's line of business:

Please provide a brief statement of the value you hope to receive from Associate Membership in EastPay:

For EastPay Use:

Date: _____

Initials: _____



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Suite 405
Richmond, VA 23225

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Charlotte, NC 28211

901 N. Lake Destiny Road
Suite 130
Maitland, FL 32751

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