Intercept EFT™
accomplishmore. stressless.

Limitation of Action: The undersigned acknowledges that it has 60 days from the date of a withdrawal or deposit to the undersigned's account to dispute the withdrawal or deposit by the undersigned contacting my employer and Intercept Corporation by telephone and later supplemented in writing, or in writing of any discrepancies, errors or disputes concerning any transfer of funds to or from any account processed by Intercept. This will include but not limited to, errors in amounts, erroneous transactions, or other transactions processed. All written notices must include the following information:

a) The name of the company with whom the undersigned authorized the transaction, i.e., employer and/or third party;
b) Federal Taxpayer ID number of the company authorized to make the transaction;
c) Federal Taxpayer ID number of the undersigned;
d) The name of the undersigned;
e) The name, account number and ABA number on the transaction in question;
f) The dollar amount of the transaction in question; and
g) Description of the error and explanation of the error.

Your employer, its agent, or IC will inform you of the results of their investigation within then (10) days of the receipt of the complaint and will correct any error promptly. If your employer, and/or its agent, or IC need more time, I understand that IC may take up to 45 days to investigate the undersigned's complaint. For transfers initiated outside the United States or transfers resulting from point of sale or debit/access cards, the time periods for resolving errors will be 45 days and 90 days respectively.

_____ _____
Undersigned's Name Date

_____ _____
Financial Institution Branch

_____ _____
City Phone Number

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Routing (ABA) Number Account Type: Checking ☐ Savings ☐

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Routing (ABA) Number Account Type: Checking ☐ Savings ☐

_____ _____
Undersigned's Signature Social Security Number

Please attach to this authorization a voided personal check for verification of all checking account information.