



Financial Aid Disbursement Preference

_____ Have my financial aid deposited to my Kern Schools Federal Credit Union Campus Checking/Savings account. (If selected, please complete section below.)
Delivery Time: Next Business Day

_____ Have my financial aid deposited to my account at _____.
 (If selected, please complete section below and attach a voided check.)
Delivery Time: Within 5 Business Days

_____ Have my financial aid mailed to me as a check.
 (Checks will be mailed to the address on file with the college.)
Delivery Time: Within 10 Business Days

Authorization Agreement For Outgoing Payments (ACH Credits)

Kern Schools Federal Credit Union Financial Institution ID No.: **3 2 2 2 7 3 7 2 2**

Credit Union Account No (if applicable): _____

I (we) hereby authorize Kern Schools Federal Credit Union to initiate credit entries for the amount and frequency indicated below to the company/financial institution and account name below.

Company/Financial Institution Name		
Address	City/State	Zip
Routing & Transit Number	Account Number	
Account Type (circle one)	Checking	Savings
Amount of Credit \$	Frequency	Date of Next Credit

If the date of credit falls on a weekend or holiday, credit will occur on the business day prior to the weekend or holiday. I (we) understand that I (we) will be notified if the debit amount needs to be adjusted, either to be increased or decreased. I (we) also understand that I (we) have the right to stop automatic payments by notifying Kern Schools Federal Credit Union in writing ten (10) days prior to the time my (our) account is charged. I (we) authorize adjustment entries in the event of erroneous transactions on my (our) account. I (we) acknowledge that the origination of ACH transactions to my (our) accounts must comply with the provisions of U.S. law.

This authority is to remain in full force and effect until Kern Schools Federal Credit Union has received written notification from me (us) of its termination in such a time and manner as to afford Kern Schools Federal Credit Union a reasonable time to act upon it. This authorization is subject to Kern Schools Federal Credit Union's Electronic Funds Transfer Agreement and Disclosure, which is incorporated by this reference and receipt of which is hereby acknowledged.

Personal Information

Name (Member) _____ **Member Social Security No.** _____

Member Signature X _____ **Date** _____

College/Student ID Number _____

Street Address _____ **City, State and Zip Code** _____

Home Phone _____ **Cell Phone** _____ **Date of Birth** _____

e-mail address _____ **Driver's License Number** _____ **Issue Date** _____

Name (Joint Owner) _____ **Member Social Security No.** _____

Joint Owner Signature X _____ **Date** _____

Mailing Address: P.O. Box 9506
 Bakersfield, CA 93389-9506
 Attn: Campus Card Program



FUNDS DISBURSEMENT

ELECTRONIC SERVICES DISCLOSURE AND AGREEMENT

Effective: January 12, 2009

In this Disclosure and Agreement, the words "I," "me," "my," "us" and "our" mean each and all of those who apply for and/or use any of the electronic services described in this Disclosure and Agreement. The words "you," "your," and "yours" mean KERN SCHOOLS FEDERAL CREDIT UNION. My acceptance, retention or use of the Funds Disbursement Services (the "Services") hereunder constitutes an agreement between you and me as described below.

This Disclosure and Agreement is given by you in compliance with the Electronic Funds Transfer Act (15 U.S.C. Section 1693, et seq.) and Regulation E (12 CFR 205, et seq.) to inform me of certain terms and conditions of the electronic funds transfer services I have requested.

You will provide the Services to me by disbursing refunds from the Kern Community College District ("KCCD") through the automated clearing house ("ACH") network to my account at another financial institution that I designated in writing. I understand that all other agreements, terms, conditions, rules and regulations that I entered into with you remain in full force and effect and continue to be applicable, except as specifically modified by this Disclosure and Agreement.

Business Day Disclosure: Our business days are Monday through Saturday, except holidays.

Hours of Operation

Monday through Thursday 9:00 a.m. to 5:00 p.m.
Friday 9:00 a.m. to 6:00 p.m.
Saturday 10:00 a.m. to 2:00 p.m.

Disclosure of Account Information to Third Parties. You will disclose information to third parties about my transfers under this Disclosure and Agreement:

- (1) When it is necessary to complete an electronic transaction; or
- (2) In order to verify the existence and condition of my account for a third party, such as a credit bureau or merchant; or
- (3) In order to comply with a government agency or Court order, or any legal process; or
- (4) If I give you written permission.

In Case of Errors or Questions About My Electronic Services Transactions.

Telephone you at: (661) 833-7900 or (800) 221-3311

or write you at: KERN SCHOOLS FEDERAL CREDIT UNION
P.O. Box 9506
Bakersfield, CA 93389-9506

or e-mail you at [ebranch@ksfcu.org]

as soon as I can, if I think my statement is wrong or if I need more information about a transaction listed on the statement. You must hear from me no later than sixty (60) days after you send me the FIRST statement on which the problem or error appeared. I must:

- (1) Tell you my name and account number;
- (2) Describe the error or the transaction I am unsure about and explain as clearly as I can why I believe it is an error or why I need more information; and
- (3) Tell you the dollar amount of the suspected error.

If I tell you orally, you will require that I send you my complaint or question in writing within ten (10) business days.

You will determine whether an error occurred within ten (10) business days after you hear from me and will correct any error promptly. If you need more time, however, you may take up to forty five (45) days to investigate my complaint or question. If you decide to do this, you will credit my account within ten (10) business days for the amount I think is in error, so that I will have the use of the money during the time it takes you to complete your investigation. If you ask me to put my complaint or question in writing and you do not receive it within ten (10) business days, you may not credit my account.

For errors involving an electronic fund transfer that occurred within thirty (30) after the first deposit to the account was made under this Disclosure and Agreement, you may take up to ninety (90) days to investigate my complaint or question and you may take up to twenty (20) business days to credit my account for the amount I think is in error.

You will tell me the results within three (3) business days after completing your investigation. If you decide that there was no error, you will send me a written explanation. I may ask for copies of the documents that you used in your investigation.

Your Liability for Failure to Make or Complete Electronic Funds Transactions.

If you do not properly complete an electronic funds transaction to my account on time or in the correct amount according to your agreement with me, you may be liable for my losses and damages. However, there are some exceptions. You will not be liable, for instance, if:

- (1) Circumstances beyond your control (such as fire, flood, earthquake, electronic failure or malfunction of central data processing facility, etc.) prevent the transaction, despite reasonable precautions;
- (2) You have received incorrect or incomplete information from me or from third parties (e.g., the U. S. Treasury, an automated clearing house, or a terminal owner);
- (3) The electronic services system contemplated hereunder was not working properly and I knew about this breakdown when I started the transaction;
- (4) Your failure to complete the transaction is done to protect the security of my account and/or the electronic terminal system;
- (5) There may be other exceptions.

Charges for Electronic Funds Transaction Services. All charges associated with my electronic funds transactions are disclosed in your Schedule of Fees and Charges which accompanies this Disclosure and Agreement.

Change in Terms. You may change the terms and charges for the Services indicated in this Disclosure and Agreement and may amend, modify, add to, or delete from this Disclosure and Agreement from time to time. In general, I will receive written notice at least twenty-one (21) days prior to the effective date of the change(s), or as otherwise provided by law.

Termination of Electronic Funds Transaction Services. I may, by written request, terminate any of the electronic services provided for in this Disclosure and Agreement. You may terminate my right to make electronic funds transactions at any time upon written notice.

Governing Law. I understand and agree that this Disclosure and Agreement and all questions relating to its validity, interpretation, performance, and enforcement shall be governed by and construed in accordance with the internal laws of the State of California, notwithstanding any conflict-of-laws doctrines of such state or other jurisdiction to the contrary. I also agree to submit to the personal jurisdiction of the courts of the State of California.

Copy Received. I acknowledge receipt of a copy of this Disclosure and Agreement.

Documentation of Preauthorized Deposits. Generally, I will receive a monthly statement for each month in which a preauthorized deposit is made, but at least quarterly if no preauthorized deposits are made.

Address Change. I understand and agree that I am required to keep you informed of my current address. I agree to notify you promptly of any change of address. I may notify you in person at your office or by sending a written and signed notice to [address].

Waiver. Your delay in enforcing any of the terms and conditions of this Disclosure and Agreement shall not prohibit you from enforcing such terms and conditions at a later date.

Disclosure of Right to Stop Preauthorized Deposit. I understand and agree that if I wish to stop making preauthorized deposits to the account I indicated in writing to you, I must notify you within a reasonable time of not less than **10** days prior to my next scheduled deposit. I can provide you notification by calling at **661-833-7788** or **800-221-3311 ext. 7788** (*Outside Bakersfield*) or writing to you at **P.O. Box 9506, Bakersfield, CA 93389-9506 Attn: Campus Card Program**. If I stop receiving preauthorized deposits to my designated account, I understand and agree that the KCCD will send my next scheduled refund by check mailed to my address. I can also designate a new account to send my refund deposit to by providing you my written instructions in a form acceptable to you.