



ACH BLOCK SET-UP REQUEST FOR BUSINESS ACCOUNTS

New Add Delete Terminate

Company Name: _____ **Account Number:** _____

Company requests that American Savings Bank ("ASB") block ACH transactions on the referenced account according to the following instructions.

- Block ALL ACH Debit Transactions
- Block ALL ACH Transactions
- Block ALL DEBIT Transactions with Exceptions below.

EXCEPTION SECTION	
Originator Name: _____	Originator Co ID No.: _____
Originator Name: _____	Originator Co ID No.: _____
Originator Name: _____	Originator Co ID No.: _____
Originator Name: _____	Originator Co ID No.: _____
Originator Name: _____	Originator Co ID No.: _____
Originator Name: _____	Originator Co ID No.: _____

If adding more than six Exceptions, please complete additional form(s).

By signing below, Company understands:

- ASB is authorized to block and automatically return ACH transactions as specified on this form and will continue until ASB receives further written authorization or instructions from Company.
- Company will indemnify and hold ASB harmless from any and all claims, liabilities, costs and expenses, including but not limited to reasonable attorney fees and costs, resulting from our request.
- Company is responsible for monitoring their account and notifying ASB of any updated Company information in the Exceptions listed above.

Customer Contact Information (all information is required)

Name (please print): _____ Phone: _____

Authorized Signature: _____ Date: _____

Name (please print): _____ Phone: _____

Authorized Signature: _____ Date: _____

Company acknowledges that this represents our request to block and automatically return ACH transaction(s) as indicated above and agrees to the fees associated with this service as stated in the Fee Schedule.

ASB USE ONLY	
Branch/Department (1) Verified By: _____ Date: _____ Branch/Dept. Name: _____ Please email completed and signed form to ACH@asbhawaii.com	ACH Department (2) Entered By: _____ Date: _____ Reviewed By: _____ Date: _____ Total Number of On-Us Added/Deleted: _____ Is Customer an ACH Originator? Total Number of Filters Added/Deleted: _____ Number of Chargeable Filters to Date: _____ <input type="checkbox"/> Total Number of On-Us Filters to Date: _____
Cash Management – Billing (3) Entered By: _____ Date: _____ Reviewed By: _____ Date: _____	