

SPONSORED MEMBER AGREEMENT FORM

Deliver original to: Membership Services
Electronic Check Clearing House Organization
3710 Rawlins Street, Suite 1075
Dallas, TX 75219



If you have any questions please contact Elizabeth Westbrook at 214-273-3203 or ewestbrook@eccho.org

The Depository Financial Institution named below as a Sponsored Member agrees to the terms of the ECCHO Bylaws and ECCHO Operating Rules, as they may be amended from time to time.

Sponsored Member (Full Legal Name of Depository Financial Institution)

Authorized Representative's Signature

Date

Primary R/T Number

To review the ECCHO Rules and/or a summary of the Rules, please visit www.eccho.org and click on "ECCHO Rules" then "new users" area

Required Sponsored Member Information:

FDIC Certificate# / Charter #
(credit unions only)

Legal Address

City, State, Zip

Telephone

Authorized Representative's Printed Name

Authorized Representative's Title

Authorized Representative's Email Address

Elective Sponsored Member Information:

Website address (URL)

Fax Number

Individuals to access ECCHO Rules
online:

Employee Name

Employee Email Address

Employee Name

Employee Email Address

Sponsoring Organization Use Only:

(All fields required to activate Sponsored Membership)

Sponsoring Organization Name

Billing selection for this Member
Deposit Based **-OR-** Item Based

Authorized Representative Printed Name

Authorized Representative Title

Authorized Representative Email Address

Authorized Representative's Signature

Date

Membership will be activated upon receipt of completed original and acceptance by ECCHO at its offices (address at top of this form). Membership confirmation email will follow.