



Employer ACH Agreement

Employer Name: _____ Date: _____

Employer Account Number: _____

The above named employer authorizes Dakotaland Federal Credit Union to send payroll transactions to employees per employer's instructions. The employer will provide employee names, routing numbers, account numbers and amount of deposits. Employer agrees that all ACH transactions will comply with the NACHA Operating Rules and the laws of the United State

Signature: _____ Date: _____