

ASSOCIATE MEMBER AGREEMENT



Submission Instructions:

Email completed agreement to ecchoinfo@theclearinghouse.org

If you have any questions please contact ECCHO at 214-273-3200 or ecchoinfo@theclearinghouse.org
To view the ECCHO Rules, visit <https://www.ecchoonline.org/s/login/> and click on "Request Access"

The Depository Financial Institution named below (the "Financial Institution") hereby agrees to be an Associate Member of ECCHO, a business line of The Clearing House Payments Company L.L.C. (the "Payments Company"). As such a Member, the Financial Institution agrees to the terms of the ECCHO Operating Rules, as the ECCHO Operating Rules may be amended from time to time.

Associate Member (Full Legal Name of Depository Financial Institution) _____ Primary RTN _____ Authorized Representative's Signature _____ Date _____

ACCEPTED:
The Clearing House Payments Company L.L.C. By _____ Name _____ Date _____

Required 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 Information:

Website address (URL) _____

Fax Number _____

Individuals to access ECCHO Rules:

Employee Name _____

Employee Email Address _____

Employee Name _____

Employee Email Address _____

Please send completed executed Agreement to ECCHO address at top of this form. To be approved as an Associate Member, the Financial Institution must also submit its membership fee of \$ _____ based on total deposits of \$ _____ reported as of _____. Fee indicated above is locked in through _____, at which time fees could be reassessed based on the pricing structure outlined on reverse of this document. Annual membership is paid in advance and pricing is reassessed each year upon renewal.

Please direct payment separately to:

ECCHO Member Services
The Clearing House Payments Company L.L.C.
115 Business Park Dr.
Winston-Salem, NC 27107

Membership will activate upon acceptance by the Payments Company, and an acceptance notification email will be sent to Authorized Representative Email Address provided herein.

Annual Membership Fee based on Total Deposits

| Total Deposits | Annual Dues |
|-----------------------------------|-------------|
| Up to \$500 Million | \$250 |
| \$500 Million up to \$1 Billion | \$750 |
| \$1 Billion up to \$5 Billion | \$2,000 |
| \$5 Billion up to \$20 Billion | \$7,000 |
| \$20 Billion up to \$60 Billion | \$20,000 |
| \$60 Billion up to \$100 Billion | \$40,000 |
| \$100 Billion up to \$150 Billion | \$75,000 |
| \$150 Billion up to \$200 Billion | \$100,000 |
| Over \$200 Billion | \$120,000 |