



NODAWAY VALLEY BANK

NACHA ACH Originator Fraud Monitoring Rule (Subsection 2.2.4)

Attestation Form

Date: _____

This is to confirm that _____ has documented
(Business Name)

risk-based procedures to identify ACH payments that are unauthorized or originated under false pretenses per NACHA Rules *Subsection 2.2.4*.

Our Company will review these procedures annually.

Our Company must provide written procedures within 5 days, if requested.

Signature: _____

Printed Name: _____

Direct Inquiries to:

Toll Free: 877-217-4682

MEMBER F.D.I.C.

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