

## NE PA COMMUNITY FEDERAL CREDIT UNION

### Credit Authorization to Another Financial Institution

I (we) hereby authorize the NE PA Community Federal Credit Union, hereinafter called credit union, to initiate credit entries to my (our) account indicated below at the depository financial institution named below, hereinafter called Depository, and to debit my (our) account at the credit union. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

TO: \_\_\_\_\_  
(Depository Financial Institution Name)

\_\_\_\_\_  
(Address) (City/State) (Zip)

\_\_\_\_\_  
(Routing Number) (Account Number) Type of Acct: ☐ Checking ☐ Savings

FROM: (NE PA Community Federal Credit Union)

\$ \_\_\_\_\_  
(Amount to be Sent)

\_\_\_\_\_  
(Account Number) Type of Acct: ☐ Share Draft/Checking ☐ Share/Savings

\_\_\_\_\_  
(Starting Date) Frequency: ☐ Weekly ☐ Bi-Weekly  
☐ Semi-Monthly ☐ Monthly

If the transaction date falls on a weekend or a holiday, the transaction should be done ☐ Before ☐ After the transaction date.

Note: There is a \$2.00 set up fee plus 50-cent monthly charge.

This authorization is to remain in full force and effect until the credit union has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the credit union and the financial institution a reasonable opportunity to act upon it.

\_\_\_\_\_  
(Member's Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Staff member