

NE PA COMMUNITY FEDERAL CREDIT UNION

Debit Authorization from Another Financial Institution

I (we) hereby authorize the NE PA Community Federal Credit Union, hereinafter called credit union, to initiate debit entries from my (our) account indicated below at the depository financial institution named below, hereinafter called Depository, and to credit 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.

FROM: _____
(Depository Financial Institution Name)

(Address) (City/State) (Zip)

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

TO: (NE PA Community Federal Credit Union)

\$ _____
(Amount to be Sent) (Starting Date)

_____ (Account Number)	Credit Union Transfers Requested: Share	\$ _____	Sfx _____
	Holiday	\$ _____	Sfx _____
	Vacation	\$ _____	Sfx _____
Type of Acct (Initial Deposit):	Loan	\$ _____	Sfx _____
<input type="checkbox"/> Share Draft/Checking	Loan	\$ _____	Sfx _____
<input type="checkbox"/> Share/Savings	Loan	\$ _____	Sfx _____

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

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For Credit Use Only:

Transfers entered in Menu 767 _____
Message on screen _____
Set-up Fee _____

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