ACH Automatic Debit Authorization



Member One Account Information	
Loan MICR number to be credited	
Member's First Name	Member's Last Name
Primary Phone	Email Address
Other Financial Institution Account Information	<u> </u>
Financial Institution Name	
Routing Number	Account Number
Account Holder's First Name	Account Holder's Last Name
Account Type to be Debited	Recurring Debit Frequency
Savings Debit Amount \$ Checking	Weekly Bi-weekly Every-other-week Monthly Day 1 Day 2
Debit Amount \$	Start Date / /
ransactions with my financial institution; so long as the transactions correspondequest Member One Federal Credit Union (FCU) to initiate electronic debit endecount, indicated above, in the "Other Financial Institution Information" named their financial institution to honor the debit entries initiated by Member One number" (other financial institution). This authority pertains to my Member Contract. This authority is to remain in full force and effect until the schedule notification from me of its termination in such time and manner as to afford Newoke this authorization, I agree to provide a signed ACH Autodebit Cancellativest scheduled transfer. I acknowledge that the origination of ACH transaction (Regulations. I acknowledge that the credit union is not responsible for transfer that the credit union will attempt to process the withdrawal once. If the attention	entries or effect a charge by any other commercially accepted practice to my med above under, "Financial institution name," and I authorize and request the e FCU and debit the same to the account named above under, "Account One FCU account number and the schedule of payments described in the related of payments is completed or until Member One FCU has received written Member One FCU a reasonable opportunity to act on my notification. In order to ution form to Member One FCU at least ten business days before the date of the ons to my account must comply with the provisions of U.S. law and ACH Rules and ers or payments that do not occur due to non-sufficient funds (NSF). I acknowledge
MPORTANT: If a payment is due on a weekend or holiday, Member One FCU business day.	J will initiate a debit entry and credit your Member One FCU account on the next

OFFICE USE ONLY

Branch # Operator # Date

Products & Services

Operator # Date Entered Operator #