

INCOMING

Authorization Form for Consumer ACH Items

Name: _____

NCFCU Account Number: _____

Sub Account to receive the funds: S _____ or L _____

I/we hereby authorize New Cumberland Federal Credit Union, hereinafter called NCFCU, to initiate debit entries to my/our (*this is the account at other institution*)

We recommend contacting the other institution to verify the Routing & Transit number used for ACH

_____ Checking/Share Draft Account

_____ One Time Only

_____ Savings/Share Account

_____ Re-Occurring every _____
(ex: weekly, bi-weekly, monthly, semi-monthly)

_____ Amount

indicated above at the debiting financial institution named below, I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.

Institution to be debited: _____

Branch if needed: _____

City: _____ State: _____ Zip: _____

Routing & Transit Number: _____ Starting Effective Date: _____
(must be at least 3 business days from current date)

Account Number: _____

Name on Account: _____

This authorization is to remain in full force and effect until NCFCU has received **written** notification from me (or either of us) of its termination within 4 business days of the re-occurring scheduled transaction. NCFCU has the right to cancel this authorization at any time. I understand that if funds are not available for the transaction I will be charged a \$30.00 return item fee.

By signing below I am acknowledging receipt of the ACH Origination Disclosure form and accept the conditions listed.

Name(s): _____
Please print *Please print*

Phone #: _____

Signature(s): _____

Date: _____ Date: _____

.....
(credit union use)

ID used for member verification: _____

Date Received: _____ Teller Number: _____

Date Keyed to system: _____ Teller Number: _____
Company/Accounting/Department Forms Nov 2009