

OUTBOUND
Authorization Form for Consumer ACH Credits

Name: _____

NCFCU Account Number: _____

Sub Account to withdrawal funds from: S1 or S4 (please circle one)

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

_____ Checking/Share Draft Account	_____ One Time Only
_____ Savings/Share Account	_____ Re-Occurring every _____ (ex: weekly, bi-weekly, monthly, semi-monthly)
_____ Loan Account	_____ Amount

indicated above at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the originations of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: _____

Depository Branch: _____

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: _____