

AUTHORIZATION AGREEMENT FOR ACH TRANSACTIONS

I hereby authorize **Federated Employees Credit Union** to initiate **debit** entries to my account as indicated below at the financial institution name below. I agree to have available funds in my account on the designated date to affect this transfer. I agree to pay any applicable fees for this service as disclosed in the Fee Schedule. This authority will remain in effect until I notify the credit union in writing at least one week prior to the next settlement date. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

ACCOUNT FUNDS COMING FROM:

Financial Institution _____ Amount \$ _____

Address _____ Telephone # _____

Routing # _____ Account # _____ Checking Savings

Starting Month _____ Day of Month _____ Frequency _____

ACCOUNT FUNDS POSTING TO:

Account # _____

Federated Employees Credit Union will make every effort to complete this transfer unless circumstances beyond our control prevent the transfer, despite reasonable precautions that we have taken. If the transaction debit date falls on a Saturday, Sunday, or FECU holiday, this transfer will automatically be made on the following business day. All terms and conditions of your account agreement apply to this agreement.

Member Name (please print) _____

Member Signature _____ Date _____

FOR FECU USE ONLY:

Entered By _____

COMPLETE THIS SECTION TO CANCEL TRANSFER:

I hereby authorize **Federated Employees Credit Union** to cancel the above described automatic entry effective as of _____ (Date).

Member Signature _____