



I/we _____ hereby authorize 705 Federal Credit Union to initiate DEBIT entries to my/our account indicated below and the financial institution named below and to DEBIT the same to such account. **I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law. Debiting instructions:**

(Financial Institution Name)

(Routing Number) (Account Number)

Type of account _____ Checking _____ Savings _____ Loan
(If debiting your checking account on a recurring basis attach a voided check.)

Amount \$ _____ Start Date _____

Frequency: ___ One time only ___ Monthly ___ Weekly ___ Bi-weekly ___ Semi-monthly

This authority is to remain in full force and effect until 705 Federal Credit Union has received written notification from me (or either of us) of its termination in such time and manner as to afford 705 Federal Credit Union and your Financial Institution a reasonable opportunity to act on it. If you wish to cancel this authorization it must be done in a timely manner in order for it to be stopped.

Please CREDIT the following 705 Federal Credit Union account when receiving the debit from my other financial institution:

Account Number _____ Type _____ Checking _____ Savings _____ Loan # _____ VISA

Signature: _____
Print Individual Name _____
Date Signed: _____

I _____ would like to cancel the above ACH Origination as of _____.
Signature _____ Date _____

Credit Union Use Only
Employee receiving request _____ Date: _____ Time: _____