

Authorization Form For Consumer ACH Items

Credit Union/Company Name – Reliance Federal Credit Union

Credit Union Routing Number – 231981697

I (we) hereby authorize Reliance Federal Credit Union to initiate debit entries to my (our)

Checking/Share Draft Account Amount \$ _____

Savings/Share Account

One time debit on the date of _____

Ongoing debit on the ____ day of every month starting _____

*The credit union must receive this request five (5) days prior to the start date.

indicated below at the depository financial institution named below, hereinafter called BANK, 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.

Coming From Bank Name _____ Branch _____

City _____ State _____ Zip _____

Routing & Transit Number _____

From Account Number _____ To Reliance FCU Account Number _____

*Please attach a voided check or statement to this request.

This authorization is to remain in full force and effect until Reliance FCU has received written notification from me (us) of its termination in such time and in such manner to afford Reliance FCU and BANK reasonable opportunity to act upon it. Reliance FCU requires notification of this termination five (5) days prior to settlement date.

Print Name (s) _____

Social Security Number (s) _____

Signature (s) _____

Date _____

Note: written credit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization. Credit unions should consult with their own legal counsel and rely on their own business judgement in determining the form that the authorization should take.

Received on _____ Processed by _____