

ACH authorization form

authorization agreement for preauthorized payments (ACH debits)

I hereby authorize Xceed Financial Federal Credit Union to initiate Debit entries to my account indicated below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution _____
Address _____
City _____ State _____ Zip _____
Routing Number _____ Amount \$ _____
Account Number _____ Savings Checking
Date of Scheduled Payment _____ One Time Monthly
Start Date of First Payment _____

This authorization is to remain in full force and effect until Xceed Financial Federal Credit Union has received written notification from me, at least 10 days prior to the transmission date, to terminate the service.

XFCU Account Number # _____ Savings Checking Loan
Name (Last, First, MI) _____
E-Mail Daytime Phone # _____
Signature _____ Date _____

NOTE: Written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

Please fax this form to the Operations Department at 310.322.8961.

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CREDIT UNION USE ONLY

Date Received by Associate: _____
Associate Name: _____
Date received by Operations Department: _____
File Maintenance: _____ Prenote: _____ Date of 1st Entry: _____
Letter of Revocation Received: _____ File Closed: _____