



New Cumberland Federal Credit Union
ACH Authorization

NCFCU ACH Authorization Form for Consumer Transactions (\$3,000 Max Limit)

Name: _____ NCFCU Account #: _____

Best Contact Phone Number: _____ [] Home [] Mobile [] Work

*Please have form filled out, signed and returned to NCFCU 3 BUSINESS DAYS prior to the start date.

Form containing checkboxes for 'Start a New ACH Authorization', 'Change an Existing ACH Authorization', 'Type of ACH Transaction', 'Frequency of ACH', and 'Date to Start Frequency of ACH'.

This authorization is to remain in full force and effect until NCFCU has received written notification from Account Owner(s) of its termination within 3 business days of the re-occurring scheduled transaction.

By signing below, I am acknowledging receipt of the ACH Origination Disclosure form and accept the conditions listed.

Signature: _____

Print Name: _____ Date: _____