



Maple Federal Credit Union Debit Authorization

I/we _____ hereby authorize Maple 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) (Branch)

(Address) (City/State) (Zip)

(Routing Number) (Account Number)

Type of account _____ Checking _____ Savings
(If debiting your checking account 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 Maple Federal Credit Union has received written notification from me (or either of us) of its termination in such time and manner as to afford Maple Federal Credit Union and your Financial Institution a reasonable opportunity to act on it.

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

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

Routing & Transit Number **265274422**

Signature: _____

Print Individual Name _____

Date Signed: _____

Credit Union Use Only

Employee receiving request _____ Date: _____ Time: _____

ACH Final processing: Employee processing _____ Date input to ACHOS _____

Database Listing Used: _____