



Maple Federal Credit Union Credit Authorization

I/we _____ hereby authorize Maple Federal Credit Union to initiate CREDIT entries to my/our account indicated below and the financial institution named below and to CREDIT 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.**

Crediting instructions:

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

(Routing Number) (Account Number) Type ___ Checking ___ Savings ___ Loan
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. At least 2 business days notice must be given for cancellation.

Please DEBIT the following Maple Federal Credit Union account in order to send credit to the above listed financial institution:

Account Number _____ Type ___ Checking ___ Savings
Routing & Transit Number **265274422**
(If debiting your checking account attach a voided check)

Signature: _____ Date: _____

CANCELLATION:

Effective _____, I wish to cancel this authorization. *Maple FCU must have this cancellation at least 2 business days before the transaction due date in order to process the cancellation.*

Signature: _____ Date: _____

Credit Union Use Only

Employee processing _____ Date input to ACHOS _____
ACH Code Used: _____ Start date: _____
Verifying Employee: _____ Date: _____
Cancellation: Employee processing: _____ Date: _____