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)

_____   _____   Type ___Checking ___Savings __ Loan
(Routing Number)   (Account Number)

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: _____   DateVerified: _____

Cancellation: Employee processing: _____   Date: _____