



## 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. At least 2 business days written notice must be given for cancellation of this origination.

***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: \_\_\_\_\_ 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

ACH processing: Employee processing \_\_\_\_\_ Date input to ACHOS \_\_\_\_\_

ACH Code Used: \_\_\_\_\_ Start date: \_\_\_\_\_

Verifying Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Cancellation: Employee Processing: \_\_\_\_\_ Date: \_\_\_\_\_