



None Suffer Lack
Federal Credit Union
 Christ Centered...Member Focused

4929 Allentown Rd. ♦ Suitland, Maryland 20746 ♦ 301-899-0300 ♦ 301-899-0305 FAX

ACH Debit Authorization

I/we hereby authorize None Suffer Lack Federal Credit Union to initiate debit entries to my/our account indicated below and to credit my None Suffer Lack Federal Credit Union **(checking/savings)** account number _____. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.

This authorization is to remain in full force and effect until the Credit Union has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Credit Union a reasonable opportunity to act on it.

PLEASE ATTACH VOIDED CHECK!!!

 Print Name

 Address

 City/State/Zip Code

 Daytime Phone Number

 Date

 Signature

 Signature

Your signature above acknowledges receipt of the None Suffer Lack FCU Electronic Fund Transfers Disclosures.

 Financial Institution Name

Type of Account: Checking Savings

 Bank Routing/Transit Number

 Effective Date

 Account Number

 Frequency (e.g. weekly, bi-weekly, monthly, etc.)

 Amount of Transaction

If the effective date falls on a weekend or holiday, originate the item on which day?

___ Before or ___ After