



None Suffer Lack Federal Credit Union

ACH Distribution Authorization

SECTION I: Authorization

I/we hereby authorize the None Suffer Lack FCU to distribute my/our ACH DEPOSIT (*See Section II*) in the manner outlined in Section III of this authorization. In the event that the ACH Deposit received is insufficient to make the scheduled distributions as outlined in Section III, I /we authorize the None Suffer Lack FCU to make partial distributions even though the amount is not enough to make the entire scheduled distribution. I/we acknowledge that the distribution of my ACH Deposit to my/our credit union accounts 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 or us) to terminate same and so as to afford the credit union a reasonable opportunity to act on it.

Name

Address

City/State/Zip Code

SECTION II: ACH Deposit

Source of ACH/Company Name

\$ _____
Total Amount of ACH

Frequency (weekly, biweekly, monthly)

Account Number

SECTION III: Distributions

Listed in order of priority are the distributions to be made from my/our ACH DEPOSIT identified in Section II.

Account No.	Suffix	Account Name	Amount
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$
			TOTAL: \$

Signature

Signature

Date

Date