

# ACH authorization form

## authorization agreement for preauthorized payments (ACH debits)

I hereby authorize Xceed Financial Federal Credit Union to initiate Debit entries to my account indicated below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Routing Number \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Account Number \_\_\_\_\_ Savings  Checking   
Date of Scheduled Payment \_\_\_\_\_ One Time  Monthly   
Start Date of First Payment \_\_\_\_\_

This authorization is to remain in full force and effect until Xceed Financial Federal Credit Union has received written notification from me, at least 10 days prior to the transmission date, to terminate the service.

XFCU Loan Account Number # \_\_\_\_\_  
Name (Last, First, MI) \_\_\_\_\_  
E-Mail Daytime Phone # \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: Written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

**Please fax this form to the Operations Department at 310.322.8961.**

**800.XFCU.222 • www.xfcu.org**



### CREDIT UNION USE ONLY

Date Received by Associate: \_\_\_\_\_  
Associate Name: \_\_\_\_\_  
Date received by Operations Department: \_\_\_\_\_  
File Maintenance: \_\_\_\_\_ Prenote: \_\_\_\_\_ Date of 1st Entry: \_\_\_\_\_  
Letter of Revocation Received: \_\_\_\_\_ File Closed: \_\_\_\_\_