



## ACH Debit Request Form

*(Please submit with a copy of your driver's license)*

### Member and Transaction Information

New Debit Request    Change Existing Debit Request    Cancel Existing Debit Request

Full Name \_\_\_\_\_

Member Number \_\_\_\_\_

**XCELFCU Account Type to be debited**       Savings    Checking    Loan

Type of Transaction       One Time    Recurring Standing Order

### Bank Information

Routing number of Financial Institution \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

Account Number to be credited/Type (sav-chk) \_\_\_\_\_

**Start Date (if recurring)**      MM/DD/YYYY       Monthly    Semi-Monthly    Bi-weekly    Weekly

### ACCOUNT INFORMATION

Account Holder Full Name \_\_\_\_\_

Amount \_\_\_\_\_

I hereby Authorize XCELFCU to credit my account at the financial institution named above:

Member Signature \_\_\_\_\_

Date MM/DD/YYYY \_\_\_\_\_