ACH Debit Request

Please submit with a copy of current U.S. Government-Issued ID (i.e., Driver's License, Passport)

Member & Transaction Information

○ New Debit Request ○ Change Existing Debit Request ○ Cancel Existing Debit Request

Member Information

Member Name _____ Member Number _____

XCEL FCU Account Type to debited ○ Savings ○ Checking

Type of Transaction ○ One-Time ○ Recurring Standing Order

Bank Information

Routing Number _____ Financial Institution Name _____

Account Number to be Credited _____ Type: ○ Savings ○ Checking

Start Date (if recurring) _____ ○ Monthly ○ Semi-Monthly ○ Weekly ○ Bi-Weekly

MM/DD/YYYY

Account Information

Account Holder Full Name _____ $ _____ Amount

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

Member Signature _____ Date _____

Please submit the completed form to xcel@xcelfcu.org or fax to 973 528 8760 (8761).