Ach Debit Request Form

Member and Transaction Information

☐New Debit Request ☐Change Existing Debit Request ☐Cancel Existing Debit Request

_____

Member Name (First) (MI) (Last)

_____

XCELFCU Account Type (sav-chk)/Loan to Be Debited

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)

ACCOUNT INFORMATION

_____

Account Holder Name (First) (MI) (Last)

Amount_____

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

_____

Member Signature Date MM/DD/YYYY