



None Suffer Lack Federal Credit Union

ACH Debit Authorization

I/we hereby authorize None Suffer Lack Federal Credit Union to initiate debit entries to my/our account indicated below and to credit my None Suffer Lack Federal Credit Union **(checking/savings)** account number _____. I/we acknowledge that the origination of ACH transactions to my/our account 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 of us) of its termination in such time and in such manner as to afford the credit union a reasonable opportunity to act on it.

PLEASE ATTACH VOIDED CHECK!!!

Print Name

Address

City/State/Zip Code

Daytime Phone Number

Date

Signature

Signature

Your signature above acknowledges receipt of the None Suffer Lack FCU Electronic Fund Transfers Disclosures.

Financial Institution Name

Type of Account: Checking Savings

Bank Routing/Transit Number

Effective Date

Account Number

Frequency (e.g. weekly, bi-weekly, monthly, etc.)

Amount of Transaction

If the effective date falls on a weekend or holiday, originate the item on which day?
(circle one) Before or After