

Automated Clearing House (ACH) Member Authorization



P.O. Box 55889 • Jackson, MS 39296
PH: 601-351-9200 • TF: 800-643-1567 • msfcu.us

ACH Request Type

___ Please DEPOSIT to my MSFCU account by withdrawing funds from the financial institution named below

Financial Institution Information

Name of Financial Institution: _____

Account Number: _____ Nine Digit Routing Number: _____

Name(s) on Account: _____

Mississippi Federal Credit Union Information

MSFCU Account Number: _____ ___ Savings ___ Checking

Member Name: _____ Social Security # ___ ___ ___ ___ (last 4 digits only)

ACH Transaction Details

Request Type: ___ New ___ Add ___ Change ___ Delete

Start Date: ___ / ___ / _____

Amount: \$ _____

Purpose: ___ Loan Payment ___ Deposit Checking/Savings Other: _____

Frequency: ___ Monthly ___ Bi-Weekly ___ Semi-Monthly ___ Weekly ___ One Time Transfer

Mississippi Federal Credit Union is hereby authorized to initiate entries to my (our) account at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error.

This authority will remain in full force and effect until written request to cancel authorization has been received in such time as to afford Mississippi Federal Credit Union a reasonable time to act on it.

Member Signature

Date

**** Attach a voided check or a verification letter from your financial institution to this form ****



Mississippi Federal Credit Union Use Only:

Intake by: _____ Teller #: _____ / Auto-Transfer Setup: ___ Yes ___ No / Date: _____

Processed by: _____ Teller #: _____ Date: _____

Approved by: _____ Teller #: _____ Date: _____

Template Description: _____

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