

**Automated Clearing House (ACH)
Member Authorization**



**MISSISSIPPI FEDERAL
CREDIT UNION**

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

ACH/EFT Request Type

Please DEPOSIT funds into my MFSCU account by withdrawing funds from the financial institution named below (27,37)
 Please WITHDRAW funds from my MFSCU account and send to the financial institution named below (22,32,52)

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

ACH/EFT Transaction Details

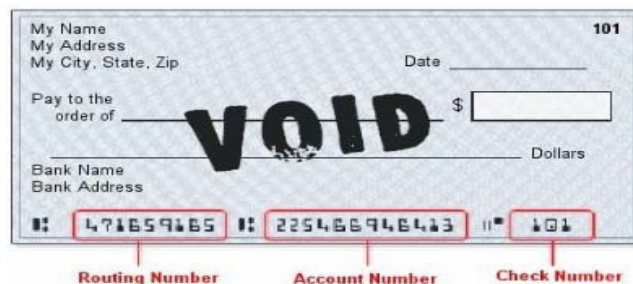
Request Type: New Add Change Delete
 Start Date: ____/____/____
 Amount: \$_____
 Purpose: Loan Payment - Loan # _____ Checking Withdrawal Savings Withdrawal
 Checking Deposit Savings Deposit
 Frequency: Monthly Weekly Semi-Monthly/ Twice a month on the ____ and ____ (Ex., on the 1st and 15th)
 Bi-Weekly One Time Only (Loan related only) Other: _____

Mississippi Federal Credit Union is hereby authorized to initiate entries to my (our) account at the financial institution listed above, 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****



Received by: _____ Teller #: _____ Date: _____

Verified by: _____ Teller #: _____ Date: _____