

# Automated Clearing House (ACH) Member Authorization



P.O. Box 55889 • Jackson, MS 39296  
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## ACH Request Type

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

Please WITHDRAW funds from my MSFCU account and send to 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 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: \_\_\_\_\_

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