

Automated Clearing House (ACH) Member Authorization



P.O. Box 55889 • Jackson, MS 39296
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Please complete this form and bring it with you to your MSFCU branch.

ACH Request Type

- Please DEPOSIT to my MSFCU account by withdrawing funds from the financial institution named below
- Please WITHDRAW 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 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: _____

