



ACH Authorization Form

Borrower: _____ Account Number: _____

I authorize Winthrop Area Federal Credit Union to transfer my membership deposit payment as an ACH Transaction and agree/acknowledge that the origination ACH transactions must comply with the provisions of U.S. Law. This authorization will be in full force until the credit union has received written notice from me of my intent to terminate this authorization, and the credit union has had a reasonable amount of time to act on that termination.

Institution Name _____

Routing Number _____

Account Number _____ Savings Checking

Name on the Account _____

ACH Amount \$ _____ One-time (Same Day ACH)

Member's Signature: _____

Date: _____

Office use only:

FM: _____

Reviewed: _____