



ACH Authorization Agreement

Form may be faxed to 703-709-9510.

I (we) hereby authorize Northwest Federal Credit Union, hereinafter called NWFCU, to debit and withdraw from or to send funds to my (our) account indicated at the financial institution named below, hereinafter called the FINANCIAL INSTITUTION. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law and the policies of the Office of Foreign Assets Control.

Type of Request [ ] New [ ] Modification (change to existing)
Type of Authorization [ ] ACH Debit [ ] ACH Credit
Account Holder Name
Financial Institution Name
Effective Starting Date\* (must be at least 7 calendar days in the future)
Dollar Amount
Routing Number
Account Type
Account Number

\*Weekends and holidays will be transacted on the next business day. Transactions on the 29th, 30th, and 31st will be originated for the last business day of the month.

This authority is to remain in full force, recurring each month and in effect until NWFCU has received written notification from me (or either of us) of its termination in such time and manner as to afford NWFCU and the FINANCIAL INSTITUTION a reasonable opportunity to carry out the termination.

Account #
Account Type [ ] Savings [ ] Checking [ ] Other
Home Telephone Work
Email Address
Print Name
Signature
Date

Please attach copy of voided check (if using a checking account) to this form.