



ACH ORIGATION AUTHORIZATION FORM

STEP 1:

I (we) hereby authorize **MID-ATLANTIC FEDERAL CREDIT UNION** to initiate debit/credit entries to my (our) specified check/savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authorization will be **effective no earlier than Thirty (30) Days from the day this authorization is initiated** and will remain in full force and effect until **MID-ATLANTIC FEDERAL CREDIT UNION** has received written notification from me (us) to terminate and revoke. I (we) agree and understand that any cancellation and revocation will be ***effective no sooner than thirty (30) days after receipt of written notification** as to afford **MID-ATLANTIC FEDERAL CREDIT UNION** reasonable opportunity to act on it. **I (we) understand that there is a \$2.00 fee for each transfer from my (our) MAFCU account to another financial institution.** I (we) further agree that if any transfer is dishonored, whether with or without cause and whether intentionally or inadvertently, **MID-ATLANTIC FEDERAL CREDIT UNION** shall be under no liability whatsoever.

I wish to	the following institution:	Amount: \$ _____
_____	_____	Account No. _____
(Name of Financial Institution)		
_____	_____	Account Type: _____
(Address - City, State & Zip)		
ABA Routing No: _____		Please execute this request:
		On the _____ of the month
		(need specific date - example: 5th or 1st etc.)
		beginning in _____
		(month) -See Above*

STEP 2:

Please make the _____ of these funds _____ the following MID-ATLANTIC FCU account:

Member Name: _____	Member No. _____
Account Type: _____	Loan No. _____

STEP 3:

I understand that this service may be revoked by MID-ATLANTIC FEDERAL CREDIT UNION with or without prior notice of any kind should any transaction amount not be paid or honored upon presentment for any reason. If the credit union revokes this service I understand that I will be restricted from reapplying for this service for a period of sixty (60) days. Further, MID-ATLANTIC FEDERAL CREDIT UNION is under no obligation to notify the undersigned individual(s) as to the non-payment of any such transfer request.

_____	_____	_____
(Name - PLEASE PRINT)	(Signature)	(Date)
_____	_____	_____
(Name - PLEASE PRINT)	(Signature)	(Date)
_____	_____	_____
(Address - PLEASE PRINT)	(Daytime Telephone Number)	

Front Office Use Only:

Received by: _____ Date Received: _____

Accounting Use Only:

Entered by: _____ Date Entered: _____