



**NEW MEMBER DEPOSIT AUTHORIZATION FORM**

**STEP 1:**

Please withdraw these funds from the following institution:

I wish to \_\_\_\_\_ the following institution:

Amount: \$ \_\_\_\_\_

\_\_\_\_\_  
(Name of Financial Institution)

Account No. \_\_\_\_\_

\_\_\_\_\_  
(Address - City, State & Zip)

Account Type: \_\_\_\_\_

ABA Routing No: \_\_\_\_\_

Please execute this request:

On \_\_\_\_\_

**ONE TIME ONLY**

**STEP 2:**

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

Member Name: \_\_\_\_\_

Member No. \_\_\_\_\_

Account Type: \_\_\_\_\_

**STEP 3:**

I (we) hereby authorize **MID-ATLANTIC FEDERAL CREDIT UNION** to initiate a debit entry to my (our) specified checking/savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions debited in error. This authorization will be **effective as stated above**. 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.

\_\_\_\_\_  
(Name - PLEASE PRINT)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name - PLEASE PRINT)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Address - PLEASE PRINT)

\_\_\_\_\_  
(Daytime Telephone Number)

**Front Office Use Only:**

**Accounting Use Only:**

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_ Entered by: \_\_\_\_\_ Date Entered: \_\_\_\_\_