



CREDIT ORIGATION FORM

(Sending Funds To Another Financial Institution.)

Note: There is a one time \$15.00 fee for recurring and a \$15.00 fee for one time transactions

Please check the account that you would like the fee to be deducted from:

CHECKING _____ **SAVINGS** _____

Status: New Change

Print clearly in blue or black ink. Sections 1 and 2 must be fully completed before submission. Please allow 10 business days processing time prior to the first debit of your account or for any changes.

SECTION ONE — MEMBER INFORMATION

PRIMARY NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL)	NASA FCU ACCOUNT NUMBER AND SUFFIX
ADDRESS	CITY, STATE, ZIP
HOME PHONE	WORK PHONE

SECTION TWO — FINANCIAL INSTITUTION TO BE CREDITED

FINANCIAL INSTITUTION NAME	
ADDRESS	CITY, STATE, ZIP
ABA ROUTING TRANSIT NUMBER	ACCOUNT NUMBER <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
AMOUNT \$ <small>Amount must not exceed \$10,000.00.</small>	PLEASE ATTACH A VOIDED PRE-PRINTED CHECK IF TRANSFERRING TO A CHECKING ACCOUNT. (Required) PLEASE ATTACH A COPY OF YOUR STATEMENT IF TRANSFERRING TO A SAVINGS ACCOUNT. (Required)
WITHDRAWAL FREQUENCY: <i>(Please choose one below) Note: If the scheduled transfer falls on a non-business day it will take place on the next business day.</i>	
One time: _____ Date: ____/____/____	Recurring: _____ Weekly: _____ Bi-Weekly: _____ Monthly: _____ Start Date: ____/____/____

I hereby authorize the Financial Institution named in Section 2, to pay and charge to my account, checks or EFT transactions drawn by NASA Federal Credit Union. I agree that the treatment of and right in respect to each such charge shall be the same as if it were signed personally by me. I further agree that if such a charge is dishonored, whether with or without cause and whether intentionally or inadvertently, NASA Federal Credit Union shall be under no liability.

I understand that this transaction (check or EFT) is estimated to occur on the working day closest to the date indicated. I understand that if this transaction is returned to NASA Federal Credit Union unpaid, a return fee will be charged to my account.

***This authority is to remain in full force and effect until the Credit Union has received written notification from me (or either of us) of its termination in such time and in such manner as to afford NASA Federal Credit Union reasonable opportunity to act on it, or I have received notification of cancellation of this transaction from NASA Federal Credit Union.**

Member SignatureDate

Please mail or return to a NASA Federal Credit Union representative. Thank you.
 P.O Box 1910, Bowie, MD 20717-1910
 Phone: 301.249.1800 • Toll-Free: 1.888.NASA.FCU • Fax: 301.390.4511 or 301.390.4524
 Visit us on the web at nasafcu.com