

Credit Origination Form

For Sending Funds to Another Financial Institution.



Please indicate the account to be debited for the \$15.00 processing fee:

CHECKING SAVINGS

Status:

New Change

MEMBER INFORMATION

Primary Name (Last Name, First Name)

Account Number/Share Suffix

Daytime Phone

Email Address

FINANCIAL INSTITUTION TO BE CREDITED (Allow 10 business days processing time prior to the first debit or for any changes to occur)

Financial Institution Name

Address

City, State, Zip

ABA Routing Transit Number

Account Number Checking Savings

Amount (must not exceed \$10,000)

Withdrawal Frequency: *(Please choose one) Note: If the scheduled transfer falls on a non-business day it will take place on the next business day.*

One time Date:

Recurring Start Date:

Weekly Bi-Weekly Monthly

Semi-Monthly Date: Date:

I hereby authorize the Financial Institution named above, to pay and charge my account for transactions drawn by NASA Federal Credit Union.

I agree to conduct transactions only for lawful purposes and to comply with all applicable laws, rules and regulations, including those established by NACHA for ACH transactions. I understand that this transaction is estimated to occur on a business 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 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 Signature

Date

Please mail or return to a Credit Union representative. Thank you.