



DEBIT ORIGATION FORM

(Withdrawing Funds From Another Financial Institution)

Status: <input type="checkbox"/> New <input type="checkbox"/> Change
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Please print clearly in blue or black ink. Sections 1-3 must be fully completed before submission.

SECTION ONE — MEMBER INFORMATION	
PRIMARY NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL)	ACCOUNT NUMBER
ADDRESS	CITY, STATE, ZIP
HOME PHONE	WORK PHONE

SECTION TWO — FINANCIAL INSTITUTION TO BE DEBITED	
<i>Please allow 10 business days processing time prior to the first debit or for any changes to occur.</i>	
FINANCIAL INSTITUTION NAME	
ADDRESS	CITY, STATE, ZIP
ABA ROUTING TRANSIT NUMBER	ACCOUNT NUMBER <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
AMOUNT \$	PLEASE ATTACH A VOIDED PRE-PRINTED CHECK IF DEBITING A CHECKING ACCOUNT. <i>(Required)</i> PLEASE ATTACH A COPY OF YOUR STATEMENT IF DEBITING A SAVINGS ACCOUNT. <i>(Required)</i> <i>Note: If the scheduled transfer falls on a non-business day it will take place on the next business day. If paying a loan, please request transfer date at least 3 days prior to loan due date.</i>
WITHDRAWAL FREQUENCY: <i>(Please choose one below)</i>	
<i>One time:</i> _____ <i>Recurring:</i> _____ <i>Date:</i> ___/___/___ <i>Weekly:</i> _____ <i>Bi-Weekly:</i> _____ <i>Monthly:</i> _____ <i>Semi-Monthly:</i> _____ <i>Start Date:</i> ___/___/___	

SECTION THREE — ALLOCATION OF FUNDS AT NASA FCU			
ACCOUNT NUMBER	SHARE SUFFIX	LOAN SUFFIX	AMOUNT
<p>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.</p> <p>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.</p> <p><i>*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.</i></p>			
_____			_____
Member Signature			Date

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

P.O Box 1910, Bowie, MD 20717-1910

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