



ONE-TIME DEBIT AUTHORIZATION

A fee will apply for each debit that is processed. See fee schedule. New

Step 1 Debit From:

Other Financial Institution _____ Routing Number: _____

Account Number: _____ Savings Checking

Amount \$: _____

Transfer will occur on the following business day should your payment fall on a weekend or banking holiday.

Step 2 Credit To:

Name on Account: _____

ACCU - Account Number: _____ Will be assigned when account is opened Savings Checking TSC

Step 3 Signature

I (we) hereby authorize America's Christian Credit Union (ACCU) to initiate debit entries to my (our) account indicated above at the depository financial institution named above, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law. This authorization is to remain in full force and effect until ACCU receives written notification from me (or either of us) of its termination in such time and in such manner as to afford ACCU a reasonable opportunity to act on it. I agree to the terms and conditions set forth for my account as contained in ACCU's Terms and Conditions, Electronic Transfers, Funds Availability and Truth-in-savings Disclosure.

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Credit Union Use Only

Received/verified By: _____ Date: _____ Back Office ACH Set-up By: _____ Date: _____ OFAC or N/A (ACCU member)

For accounts other than ACCU, please attach a copy or voided check (if available)

