

Date entered in systems: MOBC FCU use only.

ACH: _____

Database: _____

ACH WITHDRAWAL AUTHORIZATION

☐ New ☐ Change ☐ Cancel

MOBC FCU Account Owner's Name		MOBC FCU Account Number	
Financial Institution to be Credited			
Name of Financial Institution		Routing Number (ABA)	
City	State	Zip Code	
Name on Account		Account Number	
Please deposit to my/our: (select one)		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings

I (We) hereby authorize Mount Olive Baptist Church Federal Credit Union ("MOBC FCU") to CREDIT my account with the Financial Institution named above to make my scheduled deposit FROM MOBC FCU. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

I (We) understand that MOBC FCU is not responsible for any fees, penalties or late charges, which may arise when funds are not available and the ACH debit is rejected. I (We) also understand that any rejected debits may be resubmitted. Deposit dates that fall on a non-business day will be posted on the next business day.

☐ One time ☐ Weekly ☐ Biweekly (every 2 wks) ☐ Semi-monthly (1st & 15th) ☐ Monthly
RETAIN ON FILE

I request a Credit amount of:	
Deducted from MOBC FCU Account	

I (We) understand that Automatic Withdrawal will begin on the first due date **AFTER** the submission of this form.

Please start my automatic withdrawal on _____ (mm/dd/yyyy) and the _____ day of each month thereafter.

This authorization is to remain in full force and effect until MOBC FCU has received written authorization from an account owner of its termination no later than 3 business days prior to the initiation of the next withdrawal. I also understand that if a change or cancellation is requested, this form supersedes any previous form(s) on file.

Account Owner's Name	Signature	Dates

Note: Two consecutive failed withdrawals may result in termination of the automatic credit from the other institution.