

AUTHORIZATION TO MY FINANCIAL INSTITUTION TO HONOR "AUTOMATED CLEARING HOUSE" (ACH) DEBITS

APPLICANT/DEPOSITOR (Print Name as shown on Financial Institution Records)

Applicant's Account Number

Name and Address of Financial Institution (Bank, Credit Union, of S&L)

City State Zip Code

TO THE NAMED FINANCIAL INSTITUTION: I (WE) hereby request and authorize you to pay and charge to the above referenced account drafts drawn on, or ACH Debits transmitted to, that account by and payable to the order of NLRB Federal Credit Union, provided there are sufficient collected funds in that account to pay the same upon presentation. I (WE) agree that your rights in respect to each such draft drawn on or debit transmitted to you shall be the same as if it were a draft on a ACH Debit transmitted to you and signed personally by me (us). This authority is to remain in effect until revoked by me (or either of us) in writing: and until you actually receive such notice, I (we) agree that you shall be fully protected in honoring any such draft or ACH Debit. I (WE) FURTHER AGREE THAT IF ANY SUCH DRAFT OR ACH DEBIT SHALL BE DISHONORED, WHETHER WITH OR WITHOUT CAUSE AND WHETHER INTENTIONALLY OR INADVERTENTLY, YOU SHALL BE UNDER NO LIABILITY WHATSOEVER.

APPLICANT/DEPOSITOR (Authorized Signature)

DATE

FOR NLRB FCU USE ONLY

AMOUNT: \$ _____

FREQUENCY:

MEMBER NO. _____

STARTING DATE:

ATTACH COPY OF VOIDED CHECK HERE
