



Bank Draft Authorization Form

Member's Name _____ Member's Account Number _____

I hereby authorize ACFCU to draft my account _____ SAVINGS CHECKING

at _____
Name of Financial Institution Routing Number

beginning ____/____/____ for \$_____.

Frequency: Monthly Semi-Monthly Weekly Bi-Weekly

New	Replace	Change Banks	Change Account Number	Stop
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Apply the funds to the following accounts:

_____ \$ _____ Acct SFX _____ \$ _____ Acct SFX _____ \$ _____ Acct SFX

Signature _____ Date _____

Attach copy of voided check

ACFCU Employee _____