

THE FLORIST FEDERAL CREDIT UNION
PO Box 2202 404 Kentucky Avenue Roswell, NM 88202-2202
Voice 1-800-322-0811 / 575-622-0560 Fax 575-627-6530

ELECTRONIC FUNDS TRANSFER ACH AUTHORIZATION

I (we) hereby authorize The Florist Federal Credit Union (herein The Credit Union) to initiate transactions to my (our) account(s) as indicated below at the financial institution named, herein called Financial Institution, to ☐ debit (withdraw funds) and /or ☐ credit (deposit funds) in the account as shown below.

I (we) acknowledge that the origination of ACH transactions to my (our) account(s) must comply with the provisions of U.S. law.

Financial Institution Name

Legal Name of Account to be Debited and / or Credited

Routing Number

Account Number

type of acct ☐ Checking ☐ Savings

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 manner to afford the Credit Union and Financial Institution a reasonable opportunity to act on it.

Printed Name

Signature

Date

****PLEASE ATTACH A VOIDED CHECK COPY TO THIS FORM****