

# Debit Origination Form



For funds transferred from another financial institution account into NASA FCU account – both accounts must be owned by the authorized signer.

<b>Status:</b>	
<input type="checkbox"/> New	<input type="checkbox"/> Change

## MEMBER INFORMATION

Primary Name (Last Name, First Name)	Account Number
Daytime Phone	Email Address

## FINANCIAL INSTITUTION TO BE DEBITED (Allow 10 business days processing time prior to the first debit or for any changes to occur)

Financial Institution Name	
Address	City, State, Zip
ABA Routing Transit Number	Account Number <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Amount (must not exceed \$10,000)	<i>Note: If the scheduled transfer falls on a non-business day it will take place on the next business day. If paying a loan, allow 3-business days for processing.</i>
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### Withdrawal Frequency: (Please choose one)

**One time** *Date:*

**Recurring** *Start Date:*

Weekly  Bi-Weekly  Monthly

**Semi-Monthly** *Date:*

### VISA Payment Options: (Please choose one)

Balance shown on monthly statement

Minimum payment due shown on monthly statement

Fixed amount \$ \_\_\_\_\_ *Date:*

## ALLOCATION OF FUNDS AT NASA FEDERAL

Account Number	Share/Loan Suffix
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I hereby authorize the Financial Institution named above to debit the transactions originated by NASA Federal Credit Union. I agree that if such transaction is dishonored, whether with or without a cause and whether intentionally or inadvertently, NASA Federal shall be under no liability.

I understand that this transaction is estimated to occur on a business day closest to the date indicated. I understand that if this transaction is returned to NASA Federal Credit Union unpaid, a return fee will be charged to my account.

*\*This authority is to remain in full force and effect until the Credit Union has received written notification of its termination in such time and in such manner as to afford NASA Federal Credit Union reasonable opportunity to act on it, or I have received notification of cancellation of this transaction from NASA Federal Credit Union.*

Member Signature

Date

*Please mail or return to a Credit Union representative. Thank you.*