



FEDERAL CREDIT UNION

1630 King Street

Alexandria, Virginia 22314-2745

703-706-5000 · 800-296-8882

SDFCU Account # \_\_\_\_\_

**Please fax completed form to 703-549-5695**

**(Credit SDFCU Account)**

**Recurring**

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize the State Department Federal Credit Union to initiate debit entries to my (our) Checking Account or Savings Account (select one) indicated below at the depository financial institution named below, and to credit the same account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution: \_\_\_\_\_  
(Please Print)

Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Monthly Effective Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

**This authorization is to remain in full force and effect until the State Department Federal Credit Union has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the State Department Federal Credit Union and DEPOSITORY a reasonable opportunity to act on it.**

Name(s) \_\_\_\_\_ Account Number \_\_\_\_\_ Suffix \_\_\_\_\_  
(Please Print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Daytime contact phone number \_\_\_\_\_

**NOTE: WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR, STATE DEPARTMENT FEDERAL CREDIT UNION, IN THE MANNER SPECIFIED IN THE AUTHORIZATION ABOVE.**