[ACHdebit]

New Castle Bellco Federal Credit Union
MEMBER AUTHORIZATION for DIRECT DEBIT TRANSFER VIA ACH

Direct Deposit via ACH is the deposit of funds to a consumer's account or payment to loan.

Check One: [ ] Begin Deposit/Payment [ ] Change Information

I (we) authorize New Castle Bellco FCU ("Credit Union") to electronically debit my (our) account (and, if necessary, electronically debit my (our) account to correct erroneous credits) I (we) agree that ACH transactions I (we) authorize comply with applicable law.

Select One:

[ ] Checking Account [ ] Savings Account

At the financial institution named below. I (we) agree that ACH transactions I (we) authorize comply with applicable law.

Financial Institution: _____ Amount of Credit: $_____

Routing and Transit Number: _____ Account Number: _____

Name(s) on the Account _____

Select One:

[ ] Monthly reoccurring on the _____ day of the month*

[ ] One time debit on* _____

I (we) understand that this authorization will remain in effect until I (we) notify the Credit Union in writing at 1011 Wilmington Ave., New Castle, PA 16101 that I (we) wish to revoke this authorization. I (we) understand that the Credit Union requires three (3) business days prior notice in order to cancel this authorization. A $25 non-sufficient funds fee will be charged for a debit that is returned for insufficient funds or closed account.

Signature(s): _____ Date: _____

_____ _____

*Authorization requests must be received before 2:00 PM in order to receive next business day credit. Debits that are scheduled to post on a weekend or holiday date will be posted the following business day.