



**ELECTRONIC FUNDS TRANSFER ACH
AUTHORIZATION**



ADARA FINANCIAL / POWERED BY THE FLORIST FEDERAL CREDIT

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 call Financial Institution, to debit (withdraw funds) and/or credit (deposit funds) in the account as shown.

Debit (withdraw funds)

Credit (deposit funds)

Financial Institution Information

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 Account	<input type="checkbox"/> Checking		<input type="checkbox"/> Savings	
Starting Date		Amount	\$	
Recurrence	<input type="checkbox"/> Per Request	<input type="checkbox"/> Weekly	<input type="checkbox"/> Biweekly	<input type="checkbox"/> Monthly Day _____
Florist FCU Account	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/> Loan Loan # _____	<input type="checkbox"/> Other Suffix # _____

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 TO THIS FORM ****