



EXTERNAL DEPOSIT AUTHORIZATION

Member Name

Member Number

Member Address

Member Phone Number

Member Email

Complete this section to add an external account to your profile. Once added, the account will also be available for online banking transfers. You must be an owner on the account, and it cannot be a business account. To remove this external account, a Right to Revoke form is required.

Financial Institution name

Routing Number

Type of Account

Account Number

Checking Savings

Complete this section to set up an automatic payment using the above external account.

I/We hereby authorize Scient FCU ("Company") to initiate credit entries to my/our account indicated below and the financial institution ("Financial Institution") named below to credit the same to such account. I/we acknowledge that ACH transactions I/we authorize must comply with all applicable laws.

Scheduled Date of Payment (takes up to 3 days to post)

Amount

Recurring?

Debit from Account Suffix

Yes No

Frequency

Will this change a current transfer for this External Account?

Yes No

This authority is to remain in full force and effect until I/we notify the Company of its termination with a Right to Revoke Authorization received by the Company at least 3 business days prior to the next scheduled transaction.

The Company has established a limit of \$5,000 per transaction. The member is responsible for providing the Company with accurate information for the Financial Institution. The member agrees the Company is not responsible for posting errors associated with the provided information. The Company reserves the right to revoke and/or terminate this authorization should the member have two consecutive failed ACH entries for any ACH return reason including but not limited to invalid information or Non-sufficient Funds.

The Company will obtain written authorizations for consumer entries in accordance with applicable laws and ACH Rules and shall retain record of said authorizations for two (2) years after termination or revocation of such authorization.

PLEASE ATTACH A COPY OF A VOIDED CHECK OR DEPOSIT TICKET TO THIS FORM.

Signature

Date