



Scient Federal Credit Union
 P.O. Box 499 • 60 Colver Avenue
 Groton, CT 06340-0499
 Tel: 877 860 MYCU
 www.scientfcu.org

DEBIT (WITHDRAWAL) AUTHORIZATION

Print off form, complete, and fax to 860-441-0989 or mail to:

Scient FCU
 Operations Department
 P.O. Box 499
 Groton, CT 06340

I/We hereby authorize Scient FCU, hereinafter called COMPANY, to initiate debit entries to my/our account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such 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 Name		Address	
<input type="text"/>		<input type="text"/>	
Account Number		City, State, Zip	
<input type="text"/>		<input type="text"/>	
Routing Number		Type of Account	
<input type="text"/>		<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Scheduled Date of Credit		Frequency	Recurring Debit
<input type="text"/>		<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dollar Amount:			
Fixed Amount \$ <input type="text"/>		OR	Range \$ <input type="text"/> to \$ <input type="text"/>

This authority is to remain in full force and effect until COMPANY has received a Right to Revoke Authorization from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

It shall be the responsibility of the Company that the origination of ACH transactions complies with the laws of the United States. This includes, but is not limited to sanctions enforced by the Office of Foreign Assets Control (OFAC). It shall further be the responsibility of the Company to obtain information regarding such OFAC enforced sanctions.

The COMPANY will obtain written authorizations for consumer entries in accordance with ACH Rules and U.S. law and shall retain the original or a microfilm record 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.

 Print name

 Member Number

 Signature

 Date



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Schedule 1 to Debit Authorization:

1. The COMPANY has established an exposure limit of \$3,500.00 per ACH transfer. Each transfer must be sent and completed prior to any new authorized ACH transfers that may exceed the exposure limit.
2. The member will be responsible to provide the COMPANY with the proper routing and transit number and account number for the FINANCIAL INSTITUTION. The member agrees to that the COMPANY is not responsible for posting error associated with the provided information. COMPANY will not send pre-notification, but does request a copy of a voided check or deposit ticket prior to approving any ACH activity on the member's behalf. COMPANY will post based on valid account number information only.
3. The COMPANY reserves the right to revoke and/or terminate this agreement for any ACH privileges should:
 - a. The member has two consecutively failed ACH entries; either for invalid account information, Non-sufficient Funds or any other valid ACH return reason codes.

4. The COMPANY will implement the following fee schedule for all ACH entries:

One Time Set Up fee (for each FINANCIAL INSTITUTION)	\$2.00
Non-sufficient Funds Fee - per item	\$35.00
Privilege Pay Fee - per item	\$35.00
Overdraft Transfer Fee	\$5.00
ACH Stop Payment Fee	\$32.00
Research Fee – per hour	\$50.00