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

EXTERNAL WITHDRAWAL AUTHORIZATION

Print 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 ("Company") to initiate debit entries to my/our account indicated below and the financial institution ("Financial Institution") named below to debit the same to such account.

I/we acknowledge that ACH transactions I/we authorize must comply with all applicable laws.

Financial Institution Name	Scheduled Date of Credit ***DEBIT POSTS PRIOR DAY***
Routing Number	Recurring Debit ☐ Yes ☐ No / If Yes, Frequency
Account Number	Regular Payment ☐ Yes **OR** Fixed Amount $
Type of Account ☐ Checking ☐ Savings	Credit to Account

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 $3,500 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.

Print name _____ Member Number _____

Signature _____ Date _____