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
Operatons Department
P.O. Box 499
Groton, CT 06340

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.

Financial Institution Name

Routing Number

Account Number

Type of Account

☐ Checking ☐ Savings

Address

Email

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

Recurring?

☐ Yes ☐ No

If Yes, Frequency:

Amount (for exact payment, write "exact payment")

Credit to Account Suffix

Phone Number

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.

Print Name

Member Number

Signature

Date