



## ACH Credit Request Form

*(Please submit with a copy of your driver's license)*

### Member and Transaction Information

New Credit Request    Change Existing Credit Request    Cancel Existing Credit Request

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Full Name

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Member Number

**XCELFCU Account Type to be credited**    Savings    Checking    Loan

Type of Transaction    One Time    Recurring Standing Order

### Bank Information

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Routing number of Financial Institution

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Financial Institution Name

Account Number to be debited/Type    Savings    Checking

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**Start Date (if recurring)**   MM/DD/YYYY    Monthly    Semi-Monthly    Bi-weekly    Weekly

### ACCOUNT INFORMATION

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Account Holder Full Name

Amount \_\_\_\_\_

I hereby Authorize XCELFCU to debit my account at the financial institution named above:

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Member Signature

Date MM/DD/YYYY