



Non-Member Bank Draft Authorization Form

Authorizing Person's Name _____

Authorizing Person's Account Number _____

I hereby authorize Amarillo Community FCU to draft my account _____
Indicate Savings or Checking

At _____ beginning ____/____/____ for \$ _____
Name of Financial Institution Routing Number Start Date

Frequency: Monthly Semi-Monthly Weekly Bi-Weekly

Circle One: New Replace Change Banks Change Account Number Stop

Apply the funds to the following accounts:

ACFCU Account Number Acct SFX \$ _____ ACFCU Account Number Acct SFX \$ _____

Signature _____ Date _____
Attach copy of voided check

DL Number _____ Exp. Date _____ ACFCU Employee _____

State of Texas
County of _____

This instrument was acknowledged before me on _____ by _____
Date Authorizing Person's Name

Notary Public's Signature