



ACH AUTHORITY LETTER

Date: _____
Nizar Progressive Federal Credit Union

Dear Sir / Madam

I, _____, hereby authorize Nizar Progressive Federal Credit Union to initiate debit entries to my account indicated below at the depository financial institution named below and to debit the same to such account. I further authorize Nizar PFCU to credit the same amount to _____ (Name) Account # _____ at Nizar PFCU.

Depository Name: _____

City: _____ State: _____ ZIP Code: _____

Routing Number: _____

Account Number: _____

Amount to be debited: _____

Date of debit: _____

Yours Sincerely,

Signature: _____

Print Name: _____

Please include a copy of voided check, ACH form, and authority form