MEMBER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH

(ACH DEBITS)

I authorize THE NEIMAN MARCUS GROUP EMPLOYEES FEDERAL CREDIT UNION (NMGEFCU) to electronically debit the account named below on a recurring basis. I acknowledge that the origination of ACH transactions to or from any NMGEFCU account must comply with all provisions of the U.S. Law. Available funds are required in the account prior to origination to allow reasonable time for processing on the requested date. This transaction may not be rescinded once it has been processed. I also authorize NMGEFCU, if necessary, to electronically credit my account to correct erroneous debits.

Member Info (*Please print legibly*)

Member Number _____ Employee PIN _____ Phone # _____

Last Name_____ First Name_____

Paying Financial Institution

Debit funds from (Bank Name) _____ Routing # _____

Account # _____ What type of account is this?   CHECKING   or   SAVINGS

To Credit Loan Payment   Effective Date: _____/_____/_____

Loan Number (must be exact) _____Amount to Debit $_____

Loan Number (if applicable) _____Amount to Debit $_____

Loan Number (if applicable) _____Amount to Debit $_____

Total Amount to Debit from authorized account $_____

How frequently would you like us to make this debit? (Circle One)

WEEKLY   BI-WEEKLY   SEMI-MONTHLY   MONTHLY

Other Account(s) to Credit (NMGEFCU) (*OPTIONAL*)

What account(s) would you like to credit?

Checking $_____   Savings $_____   Christmas Club $_____   Frequency_____

CU Rep Name:_____ Date of Contact:_____

NOTE: YOU MUST ATTACH A VOIDED CHECK IN ADDITION TO COMPLETING THIS FORM
I understand that this authorization will remain in full force and effect until I notify NMGEFCU, in writing by mail to The Neiman Marcus Credit Union, 1618 Main, Dallas, Texas, 75201, that I wish to revoke this authorization. I understand that NMGEFCU requires at least 10 days prior notice in order to cancel this authorization.

Signature _____ Date _____

For Credit Union Use Only

CU Rep accepting request:_____   Requesting Member: owner   or   joint owner

Date request accepted:___/___/___   Date processed ___/___/___

Transaction validation/confirmation#_____   Other_____