

ENCOMPASS NIAGARA FEDERAL CREDIT UNION

2525 MILITARY ROAD

Niagara Falls, NY 14304

Phone: 236-7678 Fax: 236-7807

ACH - MEMBER REQUEST RETURN

Member Name: _____

Account Number: _____

ACH Originated by: _____

Date: _____

Reason for return: _____

ACH TC Code # _____

Trace Number: _____

Amount: _____

** _____

Member's Signature

For Credit Union Use Only:

Company ID: _____

Company DFI #: _____

Employee: _____

Date Completed: _____

Fee Account (Y/N): _____

THIS FORM IS TO REMAIN IN MEMBER'S FOLDER AT ALL TIMES INCASE THE COMPANY IN QUESTION CALLS FOR PROOF OR VERIFICATION OF SIGNATURE.