

## Debit Authorization

I (we) hereby authorize **District One Highway Credit Union**, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for loan payments. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

---

(Financial Institution Name) (Branch Location)

---

(Address) (City/State) (Zip)

This authority is to remain in full force and effect until loan is paid in full or COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

A/C # \_\_\_\_\_ Loan# \_\_\_\_\_ Amount \$ \_\_\_\_\_ Start Date \_\_\_\_\_

---

(Print Individual Name) (Signature)

---

Print Individual ID Number (Date)  
(Customer Account # with Financial Institution)

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM**