

DISTRICT ONE HIGHWAY CREDIT UNION
3011B N. BELT HIGHWAY * ST. JOSEPH, MO 64506
CU PH (816) 387-2423 * CU FAX (816) 387-2509

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED ELECTRONIC/TRANSFERS

DATE: _____

I/we authorize District One Highway Credit Union to initiate *debit* entries from my/our bank account indicated below and to *credit* my/our credit union savings account named below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEBIT THIS TRANSFER FROM MY BANK ACCOUNT # _____

BANK NAME _____ SAVING _____ CHECKING _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA# _____ AMOUNT \$ _____

DATE OF FIRST DRAFT/DEMAND _____

FREQUENCY: MONTHLY ___ SEMI-MONTHLY ___ WEEKLY ___ OTHER ___

CREDIT THIS TRANSFER TO MY DISTRICT ONE HIGHWAY CU SAVINGS ACCOUNT # _____

Name(S) _____

This authority is to remain in full force and effect until District One Highway Credit Union has received written notification from me (or either of us) of its termination in such time and in such manner as to afford District One Highway Credit Union a reasonable opportunity to act on it.

Signed: _____ Date: _____

Signed: _____ Date: _____

CREDIT UNION REPRESENTATIVE: _____

PLEASE ATTACH A VOIDED CHECK (*not deposit slip*)