

AUTOMATIC PAYMENT/DEPOSIT AUTHORIZATION

I hereby authorize Hi-Land Credit Union, hereinafter called HI-LAND CREDIT UNION, to initiate credit/debit (circle one) entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION. I (we) acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

FINANCIAL INSTITUTION INFORMATION:

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

ACCOUNT TYPE: CHECKING SAVINGS LOAN (circle one)

PAYMENT INFORMATION:

STARTING DATE AND FREQUENCY: _____

FIXED DOLLAR AMOUNT: _____ OR VARIABLE AS REQUESTED
(circle one)

APPLY TO CREDIT UNION ACCOUNT NUMBER: _____

This authorization is to remain in full force and effect until Hi-Land Credit Union has received written notification from me of its termination in such time and manner as to afford HI-LAND CREDIT UNION and FINANCIAL INSTITUTION a reasonable opportunity to act on it. This authorization may be unilaterally terminated by HI-LAND CREDIT UNION in cases of excessive returns or member abuse, or whenever any loans have been paid in full with recurring debits.

PRINT INDIVIDUAL NAME: _____

PRINT INDIVIDUAL ID NUMBER: _____

SIGNATURE: _____ DATE: _____

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

