

**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 PAYMENTS/TRANSFERS

DATE: _____

I/we authorize District One Highway Credit Union to initiate *debit* entries from my/our credit union savings account indicated below and to *credit* my/our bank 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 CU ACCOUNT # _____

NAME(S) _____

CREDIT THIS TRANSFER TO MY BANK ACCOUNT # _____

BANK NAME _____ SAVING _____ CHECKING _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA# _____ AMOUNT \$ _____

DATE OF FIRST DRAFT/DEMAND _____

FREQUENCY: ON DEMAND ____ MONTHLY ____ SEMI-MONTHLY ____

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. Subsequent on demand request may be initiated by phone, web request, verbal in the credit union office, or email. If requested via email the credit union will respond via email to confirm the request.

Signed: _____ Date: _____

Signed: _____ Date: _____

CREDIT UNION REPRESENTATIVE: _____

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

