

**AUTHORIZATION AGREEMENT FOR ACH CREDITS AND DEBITS
HOLSTON METHODIST FEDERAL CREDIT UNION**

Member Name

Account Number

ACCOUNT TO BE DEBITED

Financial Institution

R&T/ABA Number

City

State/Zip

 ,

Branch

Amount

Name on Account

Account Number

Checking

Saving Account

I (we) hereby authorize Holston Methodist Federal Credit Union, (originating financial institution) to initiate debit entries to my account, (named above) and if necessary, initiate adjustments for any transactions debited in error, to the financial institution named below, to debit the same to such account.

Note: Return this form with a copy of a VOIDED CHECK.

ACCOUNT TO BE CREDITED

_____ *Member's Signature*

Financial Institution

R&T/ABA Number

City

State/Zip

 ,

Branch

Amount

Name on Account

Account Number

Checking

Saving Account

Loans

Single Entry

Repetitive Instructions:

Date To Begin Origination

Repetitive Entry

Monthly Weekly Bi-Weekly

This authorization is to remain in full force and effect until Holston Methodist Federal Credit Union has received written notification from me (or either of us) of its termination in such time and such manner as to afford Holston Methodist Federal Credit Union and named financial institution a reasonable opportunity to act on it.

Name:

Name:

NOTE: In the case of revoked authorization, all written authorizations must be revoked only by notifying the originator in writing no later than 15 days before the next transaction date.

HMFCU Employee: _____ Date: _____