



Authorization Agreement:

Deposit To Your Account at
Financial Horizons Credit Union

I (we) hereby authorize FHCU to initiate debit entries (withdrawals) to my (our) Account indicated below from the financial institution named below, and to credit (deposit) my account at Financial Horizons Credit Union.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

FROM: Financial Institution Name _____

City _____ State _____ Zip _____

Routing # _____ Account # _____ Checking Savings

Date of First Transfer _____ Frequency _____ Amount _____

TO: FHCU Account # _____ Checking Savings

This authorization is to remain in full force and effect until FHCU has received written notification from me (or either of us) of its termination. A \$10 setup fee or a \$5 change fee will be imposed.

Name(s) _____

(Please Print)

Date _____ Signature _____

COPY OF CHECK IF APPLICABLE: