



## ACH Deposit Authorization Agreement

FROM

Name of Financial Institution	
Name on Account	
Routing Number	
Account Number	
Type of Account	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account
Date of First Transfer	
Frequency	
Amount	\$

TO

FHCU Account Number	
Name on Account	
Type of Account	<input type="checkbox"/> Share Draft ID (checking) _____ <input type="checkbox"/> Savings <input type="checkbox"/> Loan Draft ID _____

By signing this ACH Deposit Authorization Agreement, I authorize Financial Horizons Credit Union to initiate the request listed above. This authorization will remain in full effect unless a request to cancel is received in writing. Financial Horizons Credit Union reserves the right to terminate this program at any time. ACH transactions must comply with the provisions of U.S. law. A \$10 setup fee or a \$5 change fee to the original ACH request will be imposed.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

COPY OF CHECK

Main Office - 895 Sierra Way P.O. Box 2288 Hawthorne, Nevada 89415 (775) 945-2421  
Yerington Office - 201 N. Main Street Yerington, Nevada (775) 463-7842  
Fallon Office - 2711 Reno Hwy Fallon, Nevada (775) 428-6768  
Winnemucca Office - 311 S. Bridge Street, Suite A Winnemucca, Nevada (775) 625-3700  
(866) 310-6999 [www.fhcunv.org](http://www.fhcunv.org)