



ACH Withdrawal Authorization Agreement

FROM

FHCU Account Number	
Name on Account	
Type of Account	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account

TO

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	
Purpose	
Amount	\$

By signing this ACH Withdrawal Authorization Agreement, I hereby request and authorize Financial Horizons Credit Union to initiate withdrawals from the account 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 _____

INTERNAL USE ONLY

Management Approval Signature _____ Date _____

Processed By Signature _____ Date _____

COPY OF CHECK

Hawthorne 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