

**DISTRICT 8 HIGHWAY EMPLOYEES CREDIT UNION
ELECTRONIC TRANSFER AUTHORIZATION AGREEMENT**

I (We) hereby authorize District 8 Highway Employees Credit Union to initiate debit/credit entries to my/our _____ CHECKING _____ SAVINGS (select one) account, indicated below, and the depository, named below, hereinafter called DEPOSITORY, to debit/credit it to such account.

DEPOSITORY INFORMATION

Name _____ Branch _____
City _____ State _____ Zip _____
Transit/ABA No. _____ Account Number _____

Make transaction on the specified day or the following workday (if date is non-business day).

_____ (Day) _____ (Month to start) _____ (Year) \$ _____

_____ Weekly _____ Semi Monthly _____ Monthly

_____ Upon request (Password: _____)

**The Credit Union will ask for your password when you call to initiate a transfer. **

CREDIT UNION INFORMATION

Account Number _____ Savings _____ Loan _____

This authority is to remain in full force and effect until 30 days after the District 8 Highway Employees Credit Union has received written notification from me (or either of us) of its termination.

Name _____ Name _____
(PLEASE PRINT AS ON ACCOUNT) (PLEASE PRINT AS ON ACCOUNT)

Sign _____ Sign _____

Date _____ SSN _____ Date _____ SSN _____

A VOIDED CHECK FOR THE DEPOSITORY ACCOUNT MUST BE INCLUDED