



**AUTHORIZATION AGREEMENT FOR ACH TRANSACTIONS**

I (we) hereby authorize Heartland Credit Union to initiate debit entries to my (our) account (s) as indicated below and the financial institution name below, hereinafter called Financial Institution, to debit the same to such account. I (we) agree to have available funds in my (our) account on the designated date to effect this transfer. I (we) agree to pay any applicable fees for this service as disclosed in the fee schedule. This authority will remain in effect until I (or either of us) notify the credit union in writing at least 10 business days prior to the next settlement date. I (we) acknowledge that the origination of the ACH transactions to my (our) account must comply with the provisions of U. S. law.

\*\*\*\*\* **ACH transfer between accounts only** \*\*\*\*\*

**Transfer From:**

**Transfer To:**

Financial Institution Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

If you are sending money from a credit union account to another Financial Institution a setup fee will apply.

Account Number: \_\_\_\_\_

Account Type: (checking, Savings) \_\_\_\_\_

Account Holder Name \_\_\_\_\_

(Attach a copy of a check or deposit slip if pulling money **from** another financial institution. **If not attached it will not be setup.**)

Description: (optional) \_\_\_\_\_

Amount to be transferred \$ \_\_\_\_\_

Frequency of Transfer \_\_\_\_\_ (ex. Monthly, weekly) Start Date \_\_\_\_\_ (mm/dd/yy)

Bi-Monthly Transfer Dates (if applicable) \_\_\_\_\_ (mm/dd/yy) & \_\_\_\_\_ (mm/dd/yy)

**NOTE:** If the transfer date falls on a Saturday, Sunday or federal holiday, this transfer will automatically be made on the following business day. Heartland Credit Union will make every effort to complete this transfer unless circumstances beyond our control prevent the transfer, despite reasonable precautions that we have taken. All terms and conditions of your account agreement apply to this agreement.

Printed Member Name \_\_\_\_\_ Signature \_\_\_\_\_

Day time phone number ( \_\_\_\_\_ ) \_\_\_\_\_ Date \_\_\_\_\_

If applicable:

Printed Joint Member Name \_\_\_\_\_ Signature \_\_\_\_\_

I would like to receive E-Statements. E-Statements are available by logging into It's Me 247 Home Banking.

Teller- Please verify email address on account if they want E-statements.

Internal Use: Teller # \_\_\_\_\_ Date \_\_\_\_\_ Account # \_\_\_\_\_ Loan # \_\_\_\_\_