



AUTHORIZATION AGREEMENT FOR ACH TRANSACTIONS
LOAN PAYMENTS ONLY

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. If these transfers are loan payments, I understand that my automatic payment will be adjusted if my payment changes due to escrow analysis, an adjustable rate change, rate change due to insufficient collateral, or the placement of Collateral Protection Insurance (CPI.) If the amount changes, I will be notified at least 10 days before the payment date. I explicitly authorize the Credit Union to increase the amount of my automatic payment to the amount of the increased payment. 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.

NOTE – If your loan is paid off or you change financial institutions you will need to notify us to stop this item from pulling from your other financial institution account.

Financial Institution Name & Address for the debit transaction:

Type of Account [] Checking [] Savings (attach copy of check or proof of account information including routing number and account number with your name– if not attached it will not be setup)

Routing Number _____ Account Number _____

The amount determined to be your loan payment amount will be pulled from your financial institution.

Frequency of Transfer [] Monthly [] Day of Transfer _____ Amount \$ _____
(mm/dd/yyyy)

NOTE: If this 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.

Current Member with Heartland Credit Union [] Yes [] No

Email Address (if you want monthly email notification) _____

Daytime Phone number (_____) _____ Date _____

Printed Member Name _____ Signature _____

Joint Member- If applicable:

Printed Member Name _____ Signature _____

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

Internal Use:

Teller # _____ Account # _____ Suffix # _____ Amount \$ _____