

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

I (We) hereby authorize DISTRICT 8 HIGHWAY EMPLOYEES CREDIT UNION to initiate debit entries to my (our) _____ Checking _____ Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit it to such account.

Depository

Name _____

Branch _____

City _____

State _____ Zip _____

Transit/ABA No. _____

Account Number _____

Make transaction on the specified day or the following workday if these days are non-business days.

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

_____ Weekly _____ Semi Monthly _____ Monthly

_____ Upon each request

Credit Union:

Account Number _____ _____ Checking _____ Savings _____ Loan

This authority is to remain in full force and effect until 30 days after DISTRICT 8 HIGHWAY EMPLOYEES CREDIT UNION has received written notification from me (or either of us) of its termination.

Name _____
(PLEASE PRINT AS ON ACCOUNT)

SSN _____

Name _____
(PLEASE PRINT AS ON ACCOUNT)

SSN _____

Date _____

Signed _____

Date _____

Signed _____

Debit: To Pull money from another institution