

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

I (We) hereby authorize DISTRICT 8 HIGHWAY EMPLOYEES CREDIT UNION to initiate credit 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

\_\_\_\_\_ One Time Withdraw \_\_\_\_\_ (day) \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) \$ \_\_\_\_\_

\_\_\_\_\_ Upon each request

Credit Union:

Account Number \_\_\_\_\_ \_\_\_\_\_ Checking \_\_\_\_\_ Savings

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 \_\_\_\_\_ SSN \_\_\_\_\_  
(PLEASE PRINT AS ON ACCOUNT)

Name \_\_\_\_\_ SSN \_\_\_\_\_  
(PLEASE PRINT AS ON ACCOUNT)

Date \_\_\_\_\_ Signed \_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_

Debit: To Send money to another institution