

ACH AUTHORIZATION FORM

I (we) hereby authorize Dixie Line Credit Union to initiate _____ entries to my (our) account in the entity name below (institution), and I (we) authorize the institution to accept and to _____ the amount of such entries to my (our) account. Each _____ shall be made _____ in an amount equal to the deposit amount indicated. I direct that said deposit shall be _____ to my account on a _____ recurrence.

Financial Institution Name (bank, credit union, etc.)

Street Address or P O Box

City

State

Zip

Transit/ ABA Routing Number

Account Number

Checking Savings (Please circle one)

Deposit Amount \$ _____

Deposit Start Date _____

This authorization is to remain in full force and effect until I revoke the agreement as hereinafter provided. Any revocation shall not be effective until Dixie Line Credit Union has received written notification from me of my desire to terminate this agreement in such time and in such manner as to give Dixie Line Credit Union reasonable opportunity (14days) to act on it.

There will be a fee of \$25.00 for any returned ACH payment authorization.

Dixie Line Credit Union Account Information

Member Name

Account Number

Member Signature

Date

Telephone Number

Dixie Line Credit Union reserves the right to cancel this agreement at any time.