

## 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.

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

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Street Address or P O Box

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City

State

Zip

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Transit/ ABA Routing Number

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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***

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Member Name

Account Number

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Member Signature

Date

Telephone Number

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