AUTHORIZATION AGREEMENT FOR ACH TRANSACTIONS

I (we) hereby authorize Fallon County FCU (FI) to initiate **debit/credit** entries to my (our) account(s) as indicated below and the financial institution name below, hereinafter called Financial Institution, to **debit/credit** 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. This authority will remain in effect until I (or either of us) notify the bank in writing at least one week prior to the next settlement date. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

_____

(Financial Institution Name – sending to)

_____

(Address/City/State/Zip)

Type of Account: ____ Checking ____ Savings

_____ _____

(Routing Number – sending to) (Account Number – sending to)

Type of Transaction: ____ Debit ____ Credit ____Loan Amount $: _____

_____ _____

(Frequency of Transfer) (Date/Day of Transfer)

If this date falls on a Saturday, Sunday, or bank holiday, this transfer will automatically be made on the following business day.

____Debit ____Credit Type of Account: ____Checking ____Savings ____Loan

_____(Account Number - with you)

Fallon County FCU (Bank Name) will make every effort to cómplete 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.

_____ _____

(Customer Name) (Signature)

_____ _____

(Individual ID Number) (Date)

_____ _____

(Customer Name – if applicable) (Signature – if applicable)

_____ _____

(Individual ID Number) (Date)

.....

I hereby authorize Fallon County FCU (FI name) to cancel the above described automatic entry effective as of _____.

_____ (Signature)