

Sacred Heart Federal Credit Union
1206 N. Texana
Hallettsville, Texas 77964
Phone (361)798-4361 – Fax (361)798-4363

Debit Authorization

I (we) hereby authorize Sacred Heart Parish Federal Credit Union, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for (Application). 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) _____ Branch _____

(Address) _____ (City/State) _____ (Zip) _____

_____ Type of Acct: ___Checking ___Savings
(Routing #) (Account #)

\$_____ withdrawn on the _____ day of each month beginning _____
and ending _____.

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Signature

Printed Name

SHFCU Account Number: _____; Loan Number _____