



## ACH ORIGATION LOAN PAYMENT ELECTRONIC AUTHORIZATION

<input type="checkbox"/>	NEW	<input type="checkbox"/>	CANCEL	<input type="checkbox"/>	CHANGE Change Date
Transferring Institution (Debit Account)			Attach Voided Check Copy, If Available		
Bank Name					
Routing (ABA) Number					
Account Number		Account Title		Account Type	
				<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Amount to be Debited	\$	Start Date:		Monthly Transfer (Select One)	
				Specific Day	Specify
				Choose an item.	Choose an item.
Name on Account/Owner					

Horizon Credit Union (Credit Account)		
Member Name:	Member Number	Loan Number

I (we) make this authorization subject to the following conditions:

1. Deductions will be made based upon the nine digit routing and transit number provided by me to Horizon Credit Union. It is my responsibility to provide Horizon Credit Union with the correct Routing and Transit number and my account number at the other financial institution.
2. This authorization will remain in full force and effect until Horizon Credit Union has received written notification from me of its termination.
3. I have the right to terminate this authorized debit at any time by notifying Horizon Credit Union in writing at least five (5) business days prior to the payment date.
4. Horizon Credit Union, after two (2) consecutive months of failing to receive the payment electronically, may opt to terminate this authorization.
5. One attempt per month to obtain funds electronically will be made. I am responsible to make other payment arrangements should the account have insufficient funds.
6. I understand that Horizon Credit Union will charge a fee if the transaction cannot be completed due to insufficient funds available at the financial institution listed above.
7. I understand that if any debit entries under this authorization are returned for insufficient funds or otherwise dishonored, I (we) will promptly send Horizon the total monthly payment due, plus any late charges or other fees due under my loan account.
8. When the transaction date falls on a weekend or holiday, the transaction will be done the next business day.
9. Allow Horizon Credit Union no less than 10 business days to make changes to depository information, payment amount and/or changes in the dates.
10. I (we) agree that if any transfer is dishonored, whether with or without cause and whether intentionally or inadvertently, HORIZON CREDIT UNION shall have no liability to you whatsoever.

I (WE) HEREBY AUTHORIZE **Horizon Credit Union**, and its successors, assigns, authorized agents or any **entity** servicing on my behalf, TO INITIATE MONTHLY DEDUCTIONS TO MY (OUR) ACCOUNT AT THE FINANCIAL INSTITUTION LISTED ABOVE FOR MY HORIZON LOAN. I AUTHORIZE THE FINANCIAL INSTITUTION ABOVE TO ACCEPT THE DEDUCTIONS INITIATED BY HORIZON CU. *DEDUCTIONS CAN ONLY BE MADE IN US FUNDS FROM BANKS LOCATED IN THE UNITED STATES OF AMERICA.*

PRINTED NAME:

SIGNATURE(s):

DATE:

For Internal Use Only:

Received By Op #:	Date Received:	Entered By Op#:	Date Entered:
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