First Harvest
CREDIT UNION

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT VIA ACH

I hereby authorize **First Harvest Credit Union** to initiate debit entries to my account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit same to such account (and if necessary, electronically credit my/our account to correct erroneous debits). I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US law.

Depository Name		
Routing / ABA Number		
Account Number		
Account Type	☐ Savings	☐ Checking

These monthly recurring transactions will begin on _____ and occur thereafter in the amount of _____.

This authority is to remain in full force and effect until **First Harvest Credit Union** has received written notification from me within 3 Business Days of its termination as to afford **First Harvest Credit Union** a reasonable opportunity to act on it.

I am an authorized signer, or otherwise have authority to act on the account identified above.

Name: _____ Date: _____

Signed: _____