First Harvest
CREDIT UNION

1617 Hurffville Road
P.O. Box 5530
Deptford, NJ 08096
Routing Number: 236077755

FirstHarvestCU.com
Info@FirstHarvestCU.com
800.582.7640

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.

Print Full Name: _____ **Date:** _____

Signature: _____

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Revised: 09.02.2026