

Division #6 Highway Credit Union

Authorization Agreement for Preauthorized Payments

I (We) hereby authorize **Division #6 Highway Credit Union** to initiate debit entries (loan payment withdrawals) to my (our) ___checking or ___savings account (select one) indicated below and the financial institution named below.

Financial Institution

Name _____ City _____

State _____ Zip _____ Transit/ABA # _____ Acct.

Make the transaction on this day of each month or the following workday if these days are nonbusiness days:

_____ 1st _____ 15th

This authority is to remain in full force and effect until 30 days after **Division #6 Highway Credit Union** has received written notification from me (or either of us) of its termination.

Name(s) _____ Account # _____ Loan

Date _____ Borrower #1 X. _____

Borrower #2 X. _____

Fax this to 314-340-4207 or mail to Division #6 Highway Credit Union, 1590 Woodlake Drive, Chesterfield, MO 63017.