

Account Number: _____

**LEGACY HIGHWAY CREDIT UNION
AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

(Transfer/Withdrawal from Outside Financial Institution)

I (We) hereby authorize LEGACY CREDIT UNION to initiate debit entries to my (our) _____
Checking _____ Savings account (select one) indicated below and the depository
named below, hereinafter called DEPOSITORY, to debit it to such account.

Depository

Name _____

Branch _____

City _____

State _____ Zip _____

Transit/ABA No. _____

Account No. _____

Make transaction on the specified day or the following workday if these days are non-
business days

_____ (Day _____ (Month to start) _____ (Year) \$ _____

_____ Bi-Weekly _____ Semi Monthly _____ Monthly

_____ Upon each request-Web Access

Credit Union:

Account No. _____ _____ Checking _____ Savings _____ Loan

This authority is to remain in full force and effect until 30 days after LEGACY CREDIT
UNION has received written notification from me (or either of us) of its termination.

Name _____
(PLEASE PRINT AS ON ACCOUNT)

SSN _____

Name _____
(PLEASE PRINT AS ON ACCOUNT)

SSN _____

Date _____ Signed _____

Date _____ Signed _____

I acknowledge that the origination of ACH transactions to and from my account must
comply with the provisions of U.S. Law. This authority will remain in effect until I have
cancelled it in writing.

PLEASE INCLUDE A VOIDED CHECK.