AUTHORIZATION AGREEMENT FOR ACH TRANSACTIONS

I (we) hereby authorize Minnco Credit Union to initiate **debit/credit** entries to my (our) account(s) as indicated below and the financial institution name below, hereinafter called financial Institution, to **debit/credit** the same to such account. I (we) agree to have available funds in my (our) account on the designated date to affect this transfer. I (we) agree to pay any applicable fees for this service as disclosed in the Fee Schedule. **This authority will remain in effect until I (or either of us) notify the credit union in writing at least one week prior to the next settlement date.** I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

_____ _____ _____

(Name) (Signature) (Current Phone #)

_____

(Financial Institution)

_____

(Address/City/State/Zip)

Type of Account: ____ Checking ____ Savings

_____ _____

(Routing Number) (Account Number)

Withdrawal Amount $: _____

_____ ☐ Monthly ☐ Biweekly ☐ Weekly

(Start Date of Recurring Transfer - mm/dd/yyyy)

PLEASE ALLOW 5 BUSINESS DAYS PRIOR TO DUE DATE TO PROCESS.

Funds will be debited/credited at the financial institution one business day prior to date of transfer. If this date falls on a Saturday, Sunday, or bank holiday, funds are debited/credited to Minnco on the following business day.

Minnco Credit Union will make every effort to complete this transfer unless circumstances beyond our control prevent the transfer, despite reasonable precautions that we have taken. All terms and conditions of your account agreement apply to this agreement.

Deposit to Minnco

☐ Account #_____

☐ Loan # _____

Minnco Office Use ONLY

Request taken by (Initials/Date) _____

Accounting Input (Initials/Date)_____

Verified by (Initials/Date) _____