

AUTHORIZATION AGREEMENT FOR:
ACH DIRECT PAYMENTS (DEBITS) _____

AUTHORIZATION AGREEMENT FOR:
ACH DIRECT DEPOSITS/FUNDS TRANSFERS (CREDITS) _____

*Millstream Area Credit Union
1007 Western Avenue
1811 Tiffin Avenue
Findlay, Ohio 45840*

Is hereby authorized to initiate DEBIT/CREDIT entries to my (our) account as indicated at the institution below:

Name of Financial Institution: _____

Financial Institution's Routing & Transit #: _____

Type of Account: Checking Account #: _____

 Savings Account #: _____

 Loan Account #: _____

AMOUNT: _____

Date

Authorized Signature

Printed Name

All DEBITS/CREDITS must comply with U.S. Law and the NACHA Operating Rules. They must be revoked within 60 days from settlement date. ANY NSF OR RELATED FEES WILL BE ELECTRONICALLY DEBITED FROM YOUR ACCOUNT.