

AGREEMENT FOR ELECTRONIC DEPOSIT (ACH)

NEW
 CHANGE
 CANCELLATION

Date	Member Number	Name	Daytime Phone Number
Account Description (Checking, Savings)		Account Number	

Section A: Frequency and Amount

<input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semimonthly <input type="checkbox"/> Weekly <input type="checkbox"/> One-Time <input type="checkbox"/> Other _____	Deposit Amount	Start Date
---	-----------------------	-------------------

Section B: Other Financial Institution Information for Payment Initiation (a voided check must be attached.)

Name of Financial Institution	Financial Institution Phone Number
Name(s) on Account	Account Number
Type of Account (please check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	9-Digit Financial Institution Routing Transit Number/ABA Number

To begin this authorization, Heartland Credit Union (Heartland) must receive this notice at least 5 business days before the next debit should take place. I understand and agree this agreement is in full force and effect until I notify Heartland in writing to cancel it. Here is the procedure to follow to cancel this authorization: Write to us at Heartland Credit Union, Attn: Accounting Dept., 5500 South Robert Trail, Inver Grove Heights, MN 55077 or fax to (651) 451-1591 in time for us to receive your request 30 business days or more before the payment is scheduled to be made.

You may check your account online at www.heartlandcu.com or call (651) 451-5160 or (800) 813-9185 to inquire whether or not the transfer has occurred. All completed transactions will appear on your Heartland statement.

In case of errors or questions about your electronic transfers, call or write us at the telephone number or address listed below immediately if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we sent the FIRST statement on which the problem or error appeared. You must:

- (1) Tell us your name and account number (if any).
- (2) Describe the error on the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- (3) Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

I authorize Heartland Credit Union to initiate debit and/or credit entries to my account listed above, and I request and authorize the financial institution named above to accept and honor the same. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authorization will remain in full force and effect until I notify Heartland Credit Union in writing to cancel it.

Signature(s) (must be an authorized signer on the above named account):

For Office Use

HCU staff accepting form:	HCU auto transfer set up by:	ACH Template:
Date _____ Initials _____	Date _____ Initials _____	Date _____ Initials _____