

I (we) hereby authorize Hughes Federal Credit Union, hereinafter called THE CREDIT UNION, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of U.S. law.

Name of Financial Institution		Account Holder Name
City	State	Zip Code

Financial Institution Routing & Transit (ABA) Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**A RETURN ITEM FEE WILL BE CHARGED FOR RETURNED PAYMENTS. Please refer to most recent Rate and Fee Schedule.**

**Please tape voided check in this box.**  
**Please be sure to tape all four sides down.**  
**This helps to avoid jams in the scanner when imaging document.**

**\*\*No deposit tickets please\*\***

Checking   
  Savings   
                         
  Monthly   
  Bi-Weekly   
  Weekly   
  Semi-monthly

Amount	1st Payment Date	Member Name - Printed	HFCU Member #	Loan #
\$				

I hereby authorize THE CREDIT UNION to initiate recurring-entry ACH debits and, if necessary, adjustment entries to my checking/savings account indicated and the depository financial institution named, hereinafter called DEPOSITORY, to accept such entries and to charge thereof to such account. To avoid possible fees, the credit union may adjust the payment amount to match the contract payment.

**This authority is to remain in full force and effect until the loan is paid in full or the Credit Union receives notice from me of its termination in such time and in such manner as to afford the Credit Union and Depository a reasonable opportunity to act on it.**

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Credit Union Employee Who Took Request:	
Print CU Employee Name	Teller #

Operations Use Only		
Input Date	Ops Employee Signature	Teller #