



Automatic Recurring Monthly Draft Authorization

I hereby authorize Texas Health Credit Union to initiate ACH entries to my account listed below. This authority is to remain in full force and effect until THCU has received written notification from myself of its termination. Written notification of termination must be received by THCU at least 5 business days prior to the date of drafting. THCU has the right to terminate all ACH agreements due to repeated NSF activity or abuse.

Forms must be received at least 5 business days prior to loan payment date.

THCU Accountholder Name _____

THCU Account# _____ Suffix _____

Draft Bank Name _____

Draft Bank Routing# _____

Draft Bank Account# _____

X For - Checking ____ or Savings ____

Amount _____

Draft Date _____

Changes Needed: _____

SIGNATURE

TODAY'S DATE

.....
Credit Union Only Section

Date and time of request: _____

Request made by phone: X for YES ____ or NO ____

Request made in person: X for YES ____ or NO ____

Identity verification method: _____

Add to Credits ____ Add Account Note ____ Add to Excel ____
Add to Debits ____ Add Loan# Drafts ID ____ Add to Log ____