1206 N. Texana Hallettsville, Texas 77964

(361) 798-4361 • FAX (361) 798-4363

CREDIT AUTHORIZATION

I hereby authorize Sacred Heart Federal Credit Union to withdraw from my Sacred Heart Federal Credit Union account and initiate credit entries to my account at the financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Instit	ution (to receive credit)			
Routing #	Account #	Type of Acct:	CheckingSavings	
\$	withdrawn on the _	day of each month begi	day of each month beginning	
written notificati	on from me of its terminat	effect until Sacred Heart Federal ion in such time and manner as to asonable opportunity to act on it.		
Member Signature		Member Printed Name		
Member Accou	nt Number	(savings or checking)	Date	

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM.