

BANK DRAFT/ACH DEBIT AUTHORIZATION
(Please Print)

To: HealthNet Federal Credit Union

Member
Name
(if different): _____

Member
Account
Number: _____

Name on
Bank
Account: _____

Bank
Account
Number: _____

Name of
Financial
Institution: _____

Branch
Name
or No. _____

City/State/Zip: _____

You are hereby authorized to draw drafts or ACH debits from time to time on the account maintained by me (us) at the above-named financial institution for payment to HealthNet FCU in the amount due for loans made in the above names. It is agreed that:

- 1) HealthNet FCU shall incur no liability if the balance in your institution is insufficient to cover any draft upon presentation.
- 2) The cancelled draft, bank debit memo, or monthly account statement will constitute a receipt for the payment.
- 3) This agreement shall continue in effect unless and until terminated by either HealthNet FCU or the member by written notice to the other party. In addition, HealthNet FCU may terminate the agreement immediately if any draft or ACH debit is not paid upon presentation.

Signature of Member

Signature of Member

Date _____

Date _____

Please attach a voided check or deposit slip.

**AUTHORIZATION TO HONOR DRAFTS OR ACH DEBITS DRAWN BY
HEALTHNET FEDERAL CREDIT UNION**

To (Financial Institution): _____

City/State/Zip: _____

As a convenience to me (us), I (we) hereby request and authorize you to pay and charge to my (our) account drafts drawn on or ACH debits transmitted to my (our) account by and payable to the order of HealthNet FCU, Memphis, TN, provided there are sufficient collected funds in said account to pay the same upon presentation. I (We) agree that your rights in respect to such draft shall be the same as if it were a draft drawn on or ACH debits transmitted to you and signed personally by me (us). This authority is to remain in effect until revoked by me (or by either of us) in writing, and until you actually receive such notice, I (we) agree that you shall be fully protected in honoring any such draft or ACH debit. I (We) further agree that if any such draft or ACH debit be dishonored, whether with or without cause or whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the cancellation of my (our) privileges at HealthNet FCU.

Signature of Account Holder and Date

Signature of Account Holder and Date