

**CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH
(ACH DEBITS)**

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

HealthNet Member Name: _____ Number _____

I (we) authorize HealthNet Federal Credit Union (COMPANY) to electronically debit my (our) account (and if necessary, electronically credit my (our) account to correct erroneous debits¹) as follows:

___ Checking Account / ___ Savings Account (select one) at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable laws.

PLEASE ATTACH A VOIDED CHECK.

Depository Name _____

Routing Number _____ Account Number _____

Amount of debit(s) or method of determining amount of debit(s) [or range of acceptable dollar Amounts authorized]: _____.

Date(s) and/or frequency of debit(s): _____ Beginning _____.

Apply funds to Loan Number: _____.

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing to HealthNet Federal Credit Union, 1591 Chickering Lane, Cordova, TN 38016-8698, Attn: Accounting, that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least 10 days prior notice in order to cancel this authorization².

Name(s) _____

Date _____ Signature(s) _____

¹ The NACHA Operating Rules do not require the consumer's express authorization to initiate Reversing Entries to correct erroneous transactions. However, Originators should consider obtaining express authorization of debits or credits to correct errors.

² Written debit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the time and manner stated in the authorization. The reference to notification should be filled with a statement of the time and manner that notification must be given in order to provide company a reasonable opportunity to act on it.