

## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize Financial Horizons Credit Union to initiate direct deposit to my checking/savings account with the financial institution named below.

Financial Institutions Name \_\_\_\_\_

Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Checking or Savings \_\_\_\_\_

This authorization is to remain in full force and effect until Mineral County School District has received written notification from me of its termination.

Name \_\_\_\_\_

(Please print)

Signature \_\_\_\_\_

Date \_\_\_\_\_