



Preauthorized Payment Debit/Credit Authorization

I (we) hereby authorize Texas Health Credit Union, hereinafter called "THCU", to initiate entries to my (our) _____ Checking _____ Savings account (select one) indicated below and the depository named below hereinafter called DEPOSITORY, to debit same such account.

DEBIT

DEPOSITORY NAME _____

DEPOSITORY PHONE _____

TRANSIT/ABA NO. _____

ACCOUNT NO. _____

This authority is to remain in full force and effect until THCU and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford THCU and DEPOSITORY a reasonable opportunity to act on the notification.

CREDIT

NAME(S) _____

PHONE NO. _____

ACCOUNT NO. _____ SUFFIX _____

I agree that the amount of the payment to be deducted monthly may change if additional advances are made under my Loanliner Plan to the account indicated above. The current amount to be deducted is:

PAYMENT AMOUNT _____

DEPOSIT AMOUNT _____

STARTING DATE _____

PLEASE ATTACH YOUR VOIDED CHECK HERE !!!

SIGNATURE

DATE

.....
Add to LN _____ debit Add to Account Message _____ Add to Excel/Log _____
Add to LN _____ credit Add to M767 screen _____