P.O Box 310
Kulm, ND 58456
647-2448

P.O. Box 230
Ashley, ND 58413
288-3439

P.O Box 225
Hazelton, ND 58544
782-6841

109 North McDougall Dr. #5
Lincoln, ND 58504
751-1613

Authorization For Direct Payment

I authorize Hometown Credit Union to initiate entries to my Sharedraft/share account. This authority will remain in effect until I notify Hometown Credit Union in writing to cancel it. Notice must be given in a timely manner so as to afford Hometown Credit Union a reasonable opportunity to act on it. I can stop payment of any entry by notifying Hometown Credit Union 3 days before my account is charged.

_____ _____
Name of Institution Routing Number

_____ _____ _____
City State Zip Code

_____ I am debiting my **Share** (savings) account # _____

_____ I am debiting my **Sharedraft** (checking) account # _____

I will be crediting my _____ account # _____

at: _____ _____
Name of Institution 9 digit Routing Number

_____ _____ _____
City State Zip Code

for $ _____ on the ___day of each month, starting _____

_____ _____
Member's Signature Date