

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 McDougall Drive Lincoln, ND 58504 751-1613 301 5th Ave SE Medina, ND 58504 701.486-3232

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 Share	edraft (checking) acc	ount #
II be are diting may		ough #
Il be crediting my	acc	ount #
_		
Name of Institution		9 digit Routing Number
City	State	Zip Code
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on the	iay oi each month, st	S
\$ on the c	lay of each month, St	
\$ on the o	iay or each month, st	
on the o	iay or each month, st	