



14985 Glazier Avenue, Ste 100
Apple Valley, MN 55124
(800) 692-2274

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name _____ Your Company Account Number _____

I (we) hereby authorize _____, hereafter called COMPANY, to initiate debit entries to my (our) checking savings account (select one) at Wings Financial Credit Union. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Financial Institution Wings Financial Credit Union

City, State, Zip Apple Valley, MN 55124

Financial Institution Routing # 296076152

Account # _____

**Checking accounts -use full ten digit number (on bottom of check)
and attach voided check to this request**

Savings accounts-use account number only

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

Name(s) _____
(Please Print)

Signature _____ Date _____

Forward completed original form to the company listed above under "Company Name"