MONTHLY UTILITY ONLY

AUTOMATIC ELECTRONIC WITHDRAWAL AUTHORIZATION
PORTER TOWNSHIP

Name of customer: _____(printed)

Customer 4-digit account #: _____

Amount: $_____

Customer Telephone #: _____

Customer E-mail address: _____

I (we) hereby authorize Arbor Financial Credit Union, to initiate debit and/or credit entries to the account and the financial institution named below. I certify that I am either an owner and/or authorized on the external account, with unlimited withdrawal or deposit rights on the receiving depository financial institution's records, to originate transfers to and from the indicated account. I acknowledge the origination of Automated Clearing House (ACH) transactions to my account must comply with the provisions of U.S. law. I will notify Arbor Financial Credit Union and Porter Township if the account is closed, or my withdrawal right are limited or removed so it may be deleted from future use. The intent is to have the offsetting entry for these transfers to be deposited to Porter Township's checking account maintained at Arbor Financial Credit Union. I request the entries to occur in the following manner:

Chose a date 5th_____ 10th_____ 15th _____ 20th_____ (this payment will come out each month on this date.)

Date checked above to begin on month of _____

Depository Name: _____

Depository Address: _____

Routing Number: _____

Account #: _____

Account Type: ☐ Checking   ☐ Savings

This authority is to remain in full force and effect until Arbor Financial Credit Union and Porter Township has received written notification from me of its termination in such time and in such manner as to afford Arbor Financial Credit Union and Porter Township a reasonable opportunity to act on it.

SIGNATURE _____   DATE _____