

**AUTOMATIC PAYMENT OPTION
 AGREEMENT FOR PREAUTHORIZED PAYMENTS**



Family Horizons

Family Horizons now offers you the option to have your loan payment automatically deducted from your bank account and applied to your loan! The service is FREE to you and it will save you time and money by reducing the hassle of mailing payments! Simply return this completed form to us to get started!

Name	Family Horizons Member Number
Street Address	Loan Number
City, State, Zip Code	Daytime Phone Number

Please select the automatic payment option you wish to use:

Frequency: Weekly Bi-Weekly Semi-Monthly Monthly

Beginning On: _____

Payment Amount: _____

I authorize Family Horizons to initiate debit and/or credit entries to my account listed below and I request and authorize the financial institution named below to accept and honor the same. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authorization will remain in full force and effect until Family Horizons has received written notification from me of its termination in such time and manner as to afford Family Horizons a reasonable opportunity to act on it.

FINANCIAL INSTITUTION INFORMATION	
Name of Financial Institution	Financial Institution Phone Number
Name(s) on Account	Account Number
Type of Account (please check only one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	9-digit Routing Transit Number
Signature/Date (must be an authorized signer on the above named account)	

Return your completed form to us at:

1. Family Horizons Credit Union
 6665 E 21st Street
 Indianapolis, IN 46219

2. Fax: 317-352-0524

3. Email us at:
fhcu@familyhorizons.com