



519 Main Street
P.O. Box 389
Lemmon, SD 57638
605.374.3380

Hours of Operation:
M-F 9am-5pm (Mountain)

AUTHORIZATION TO DEBIT ACCOUNT

I/We hereby authorize Dakota Plains Federal Credit Union ("Credit Union") to initiate electronic debit entries to the checking or savings account listed below ("Account"), at the financial institution named below ("Financial Institution"). I/We acknowledge that the origination of electronic debits to my Account must comply with the provisions of U.S. law.

A customer has the right to stop the debit entry by written notification to the Credit Union prior to charging the account; provided, Dakota Plains Federal Credit Union has received notification of the termination in time to afford a reasonable opportunity to act. The customer has a right to have an erroneous debit re-credited to his/her account in accordance with the applicable provision of the Electronic Fund Transfer Act (Regulation E).

Borrower Name(s):
SS #(s):
Address: Apt:
City: State: Zip:
Credit Union Account #:

CUSTOMER'S FINANCIAL INSTITUTION (Where funds will be drawn)

Name of Financial Institution where account is held:
Address:
City: State: Zip:
Telephone #:
Type of Account: Checking Savings Date of Debit (e.g. 15th of month):
Financial Institution ABA Routing Number: Month to start Debit:
Account # at Financial Institution: \$ Amount of Debit:

THE AMOUNT DEBITED FROM THE ACCOUNT EACH MONTH MUST BE EQUAL TO OR GREATER THAN THE MONTHLY PAYMENT AMOUNT OF YOUR LOAN. THE AMOUNT WILL BE DEBITED EACH MONTH ON THE DATE YOU SPECIFIED; HOWEVER, IF YOUR PAYMENT DATE OCCURS ON A NON-BUSINESS DAY, YOUR ACCOUNT WILL BE DEBITED ON THE NEXT BUSINESS DAY.

PLEASE ATTACH A VOIDED CHECK TO THIS FORM

Signature of Account Owner: Date:
Joint Signature (if applicable): Date: