

<i>Name of Financial Institution</i>			<i>Depositor Account Title</i>
Heartland Credit Union			
<i>Address</i>			<i>Deposit to Checking Account (MICR)</i>
2213 West White Oaks Drive			1 _____
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Deposit to Share Account (zeros, acct #, suffix)</i>
Springfield	IL	62704	0 _____
<i>Telephone Number</i>			<i>Routing Number</i>
217-726-8877			2711-8944 6
Financial Institution Certification			
<i>I confirm the identity of the above named payee(s) and the account number and the title. As representative of Heartland Credit Union, I certify that this financial institution agrees to receive and deposit the payment identified above as directed by the payee.</i>			
<i>Authorized Signature</i>			<i>Title</i> <i>Date</i>

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