Authorization for Pre-Authorized Payments

I (we) hereby authorize Members Exchange Credit Union to initiate pre-authorized payments (debits) on the:

_____	1st	_____	5th	_____	10th
_____	15th	_____	20th	_____	25th

of each month from my (our) _____ Checking _____ Savings account *(select one)* indicated below, and the depository named below to debit the same to such account in the amount of $_____ beginning on _____/_____/_____ *(start date)*. I (we) understand that if the designated payment (debit) settlement date falls on a weekend or holiday, the payment (debit) will occur on the next business day.

Withdraw (Debit) from:

Institution Name: _____

City: _____ State: _____ Zip Code: _____

Transit/ABA: _____ Account Number: _____

*****************************YOU MUST ATTACH A VOIDED CHECK*****************************

Deposit (Credit) to:

The above proceeds are to be credited to my Members Exchange Credit Union account(s) as follows:

Account No. _____ Amt: $_____ Type: _____

*Account No. _____ Amt: $_____ Type: _____

*Account No. _____ Amt: $_____ Type: _____

Deposits (credits) to multiple accounts will result in multiple withdrawals (debits) from the Institution listed above.

I (we) understand that Members Exchange Credit Union may send a prenote (test file) to verify that the above information is correct. Therefore, MECU must receive this authorization at least five (5) business days prior to the first designated payment (debit) settlement date.

I (we) understand that until September 1, 2009, there will be a 2 business day hold on any deposits received. **Effective September 1st , 2009**, I (we) understand that deposits will be posted to my MECU account three (3) business days after the debit to my account at the financial institution listed above.

I (we) also understand that if MECU tries to debit the account listed above and the funds are not available, I (we) will be charged a NSF (non-sufficient funds) fee of $30.00. In addition, a $25 (per item) or a $50.00 (multiple items) fee will apply if I place a stop payment on one or more pre-authorized payments.

This authority is to remain in full force and effect until Members Exchange Credit Union has received a Cancellation of Pre-Authorized Payments form completed by me (or either of us) in such time and in such manner as to afford Members Exchange Credit Union a reasonable opportunity to act on it.

Name (please print): _____ SSN# _____

Signature: _____ Date: _____