



Changes to Pre-Authorized Payments

On: ____ 1st, ____ 5th, ____ 10th, ____ 15th, ____, 20th, ____ 25th.

Change in the Amount of the Pre-Authorized Payment

I (we) hereby authorize Members Exchange Credit Union to change the amount that is currently being debited on _____ from my _____ Checking _____ Savings account (*select one*) at the depository named _____ from \$ _____ each month to the amount of \$ _____ each month on the date pre-selected by me (us).

I (we) understand that this form must be received by Members Exchange Credit Union five (5) days prior to the selected settlement date in order to afford Members Exchange Credit Union reasonable time to act on it.

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: _____

Change in the Settlement Date of Pre-Authorized Payment

I (we) hereby authorize Members Exchange Credit Union to change the date that the pre-authorized payment is currently being debited from my _____ Checking _____ Savings account (*select one*) at the depository named _____ from the ____ 1st, ____ 5th, ____ 10th, ____ 15th, ____ 20th, ____ 25th of each month to the ____ 1st, ____ 5th, ____ 10th, ____ 15th, ____ 20th, ____ 25th of each month.

I (we) understand that this form must be received by Members Exchange Credit Union five (5) days prior to the selected settlement date in order to afford Members Exchange Credit Union reasonable time to act on it.

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: _____