



Members Exchange
We'll take you there...

CHANGE OF ACCOUNT FOR PRE-AUTHORIZED PAYMENT

Complete this form to change the ACCOUNT information for the existing recurring payment (debit) from another financial institution and/or the deposit (credit) to your Members Exchange account.

I (We) hereby authorize Members Exchange to change the account for my monthly pre-authorized payment (debit) currently being processed on the:

Settlement Date
select the date of your current pre-authorized payment (debit).

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

\$ _____
Current Amount

_____/_____/_____
Date to Make Change Effective

Change Withdraw (debit) account from:

Institution Name: _____
Transit/ABA: _____ Account Number: _____

Change Withdrawal (debit) account to:

Institution Name: _____
Transit/ABA: _____ Account Number: _____
Checking Account _____ Savings Account _____

Change Deposit (credit) account from:

Institution Name: _____ Members Exchange Credit Union
Transit/ABA: _____ 265377484 Account Number: _____
(prefix)

Change Deposit (credit) account to:

Institution Name: _____ Members Exchange Credit Union
Transit/ABA: _____ 265377484 Account Number: _____
(prefix)
Checking Account _____ Savings Account _____ Loan Account _____

Notice: Members Exchange must receive the change notice in such time and in such manner as to afford a reasonable opportunity to act on it. The Change of Account for Pre-Authorized Payments form should be received by Members Exchange at least five (5) business days prior to the settlement date. Members should continue to monitor their statement to ensure that the change is performed as requested.

Printed Name: _____ SSN: _____
SSN on Members Exchange Account

Signature: _____ Date: _____

OFFICE USE ONLY:

PSR Initials: _____ Accounting Initials: _____
Date: ____/____/____ Date: ____/____/____