



AUTHORIZATION FOR A NEW PRE-AUTHORIZED PAYMENT

Complete this form to have Members Exchange debit your account at another financial institution and deposit (credit) to your Members Exchange savings, checking or loan account every month until this authorization is cancelled by you.

Note: If you want to change the DATE of an existing pre-authorized payment, you must complete a Cancellation form for the existing payment (debit) and a new Authorization form for the new payment (debit).

I (We) hereby authorize Members Exchange to initiate pre-authorized payments (debits) every month on the:

Settlement Date

only select one
date - must complete
a form for each date
being authorized

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

\$ _____ as of _____ / _____ / _____
Amount 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: _____
Transit/ABA: _____ Account Number: _____
Checking Account _____ Savings Account _____

Deposit (credit) to:

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

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

I (We) understand that deposits will be posted to my Members Exchange account three (3) business days after the debit to my account at the financial institution listed above.

I (We) also understand that if Members Exchange tries to debit the account listed above and the funds are not available, I (we) will be charged a NSF (non-sufficient funds) fee as disclosed in the current fee schedule. In addition, stop payment fees will be applied, as disclosed in the current fee schedule, if I place a stop payment on one or more pre-authorized payments.

I (We) understand these debits will NOT stop until Members Exchange 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 a reasonable opportunity to act on it.

I (We) understand if all or a portion of the funds are intended for loan payment(s), the funds will be applied to the loan(s).

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

Signature: _____ Date: _____

OFFICE USE ONLY:

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

revised 6.2015