

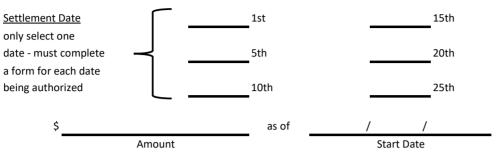
AUTHORIZATION FOR A NEW PRE-AUTHORIZED PAYMENT

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 <u>Cancellation</u> form for the existing payment (debit) and

a new <u>Authorization</u> form for the new payment (debit).

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



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 Numb	Account Number:		
Checking Account		Savings Account	Loan Account		
account at the financial instit I (We) also understand that if charged a NSF (non-sufficient as disclosed in the current fee I (We) understand these debi completed by me (or either o	ution listed above. Members Exchange tries to funds) fee as disclosed in t e schedule, if I place a stop ts will NOT stop until Mem f us) in such time and in su	o debit the account listed abor the current fee schedule. In ac payment on one or more pre- bers Exchange has received a ch manner as to afford Memb	ee (3) business days after the de ve and the funds are not availal ddition, stop payment fees will authorized payments. Cancellation of Pre-Authorized ers Exchange a reasonable opp e funds will be applied to the loa	ble, I (we) will be be applied, Payments form ortunity to act on it.	
Printed Name:			SSN:		
Signature:			SSN on Mem	bers Exchange Account	
OFFICE USE ONLY:					
PSR Initials:		Accounting Initials:			
Date:	/ /	D	ate: / /	revised 6.2015	