



CHANGE IN AMOUNT OF PRE-AUTHORIZED PAYMENTS

Complete this form to change the AMOUNT of the pre-authorized payment being debited from your financial institution and deposited (credited) to your Members Exchange savings, checking or loan account every month.

I (We) hereby authorize Members Exchange to change the amount of my pre-authorized payment (debit) on the:

Settlement Date
only select one
date - must complete
a form for each
request

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

\$ _____
Change from (old amount)

\$ _____
Change to (new amount)

as of _____ / _____ / _____
Effective Date of Change

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

This authority is to remain in full force and effect 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 a reasonable opportunity to act on it.

Printed Name: _____

SSN: _____
SSN on Members Exchange Account

Signature: _____

Date: _____

Office Use Only:

PSR Initials: _____

Accounting Initials: _____

Date: _____ / _____ / _____

Date: _____ / _____ / _____