

CHANGE OF ACCOUNT FOR PRE-AUTHORIZED PAYMENT

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

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

Settlement Date	- I -	1st	15th		
select the date of your current	of	5th	20th		
pre-authorized	<u> </u>				
payment (debit)	·	10th	25th		
\$			/ /		
· ·	Current Amount	Da	ate to Make Change Effective		
Change Withdraw (debit)	account from:				
Institution Name:				i	
Transit/ABA:	Transit/ABA: Account Number:				
Change Withdrawal (deb	it) account to:				
Institution Name:					
I ransit/ABA:		Account Number:			
	Checking Account		Savings Account		
Change Deposit (credit) a	ccount from:				
Institution Name:	Members Exchang	ge Credit Union		_	
Transit/ABA:	265377484	Account N	Account Number: (prefix)		
Change Deposit (credit) a	account to:		(prenx)		
Institution Name:	Members Exchange Credit Union				
Transit/ABA:	265377484	Account N		_	
-			(prefix)		
Checking Account		Savings Account	Loan Account		
opportunity to act on it. The C	hange of Account for Pre-Au prior to the settlement date.	uthorized Payments for	uch manner as to afford a reasonable m should be received by Members Exchange inue to monitor their statement to ensure that		
Printed Name:			SSN:		
			SSN on Members Exc	change Account	
Signature:			Date:		
OFFICE USE ONLY:					
PSR Initials:			Accounting Initials:		
Date:			Date: / /		

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