

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 authoriz	e Members Exchang	e to initiate pre-	authorized payme	ents <u>(debits) ev</u>	ery month on the:	
Settlement I	<u>Date</u>	-	1st		15th	
only select o					_]	
date - must of a form for each	· ·	:	5th		20th	
being author		:	10th		25th	
\$			as of			
•	Amour	nt		Start Date	<u> </u>	
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	n:					
Institution Name:						_
Fransit/ABA: Account Number:						
	Checking Acco	ount		Savings Accoun	t	_
Deposit (credit) to:						
Institution Name: Members Exchange Credit Union						
Transit/ABA: 265377484 Account Number:						
Checking Account	Savings Account (prefix) 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:						
Printed Name:				3310	SSN on Members Exch	ange Account
Signature:				Date		
OFFICE USE ONLY:				_		
PSR Initials:	PSR Initials: Accounting Initials:					
Date:		Date:				
Date.						_