



TEMPORARY SUSPENSION OF PRE-AUTHORIZED PAYMENTS

Complete this form to temporarily suspend your pre-authorized payment that is being debited from your financial institution and deposited (credited) to your Members Exchange account.

I (We) hereby request to temporarily suspend my current 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

\$ _____
Amount

Suspend Date _____ / _____ / _____

Resume Date _____ / _____ / _____

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.

Printed Name: _____

SSN: _____
SSN on Members Exchange Account

Signature: _____

Date: _____

OFFICE USE ONLY:

PSR Initials: _____

Accounting Initials: _____

Date: _____ / _____ / _____

Date: _____ / _____ / _____