



Direct Payment Authorization

Member Name (s) _____

Social Security Number(s) _____

Address _____

Home Phone _____ Work _____ Cell _____

I would like to:

- ___ Create a new direct payment authorization
___ Modify and existing direct payment authorization
___ Discontinue/Revoke a direct payment authorization

I would like to: (please check, circle, and fill in necessary information)

- ___ Pay my M-C FCU Loan # _____ in the amount of \$ _____
___ Deposit to my share or share draft account at MCFCU in the amount of \$ _____. The account number is _____.

Frequency of transfer:

- ___ Semimonthly (Only on first and 16th of the month)
___ Weekly ___ Monthly ___ Bi-Weekly on _____

Start Date: _____

Other Financial Institution's Information (can be a bank, credit union, or other savings and loan institution).

Name of Financial Institution _____

ABA Routing Number _____

Account Number _____ Type of Account _____

Name (s) on Account _____

Signature _____ Date _____

Disclosure:

I understand and agree that:

- Business accounts are not eligible for this service.
• This is an electronic transaction and is subject to current applicable provisions of U.S. law.
• This authorization is to remain in full force and effect until MCFCU has received written notification from me to revoke this agreement at least 3 full business days before the next scheduled transaction.
• MCFCU reserves the right to terminate the direct payment plan at any time.
If funds are not available at the other financial institution, MCFCU shall have no liability for fees or charges assessed by the other financial institution and will not try a second time to process the transfer.

_____ (member's initials)

Credit Union Use Only

Entered On Zephyr on _____ By _____ Verified By _____

Notes:

Four horizontal lines for notes.