



*"Building lifelong relationships...  
one member at a time."*

Direct Payment Authorization

Member Name: \_\_\_\_\_  
Member Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Create New  
 Modify Existing  
 Discontinue

Credit My Members Choice:

Loan ID #: \_\_\_\_\_ In the amount of: \$ \_\_\_\_\_ Starting On: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Share ID #: \_\_\_\_\_ In the amount of: \$ \_\_\_\_\_ Starting On: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Frequency:  Monthly  Weekly  Bi-Weekly  Semimonthly (1<sup>st</sup> & 16<sup>th</sup>)

Other Financial Institutions Information:

Name of Institution: \_\_\_\_\_  Checking  Savings  
ABA Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Name(s) on Account: \_\_\_\_\_

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 Members Choice FCU has received written notification from me to revoke this agreement at least 3 full business days before the next scheduled transaction.
- Members Choice FCU reserves the right to terminate the direct payment plan at any time
- If funds are not available at the other financial institution, Members Choice FCU 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.

\_\_\_\_\_  
Signature Date

**Credit Union Use Only:**  
Request Received On: \_\_\_\_\_ By: \_\_\_\_\_  
**Back Office Use Only:**  
Entered on Zephyr On: \_\_\_\_\_ By: \_\_\_\_\_  
Verified On: \_\_\_\_\_ By: \_\_\_\_\_