



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

Direct Payment Authorization

Member Name: _____	<input type="checkbox"/> Create New <input type="checkbox"/> Modify Existing <input type="checkbox"/> Discontinue
Member Number: _____	
Phone Number: _____	

Credit My Members Choice:

Loan ID #: _____ In the amount of: \$ _____ Starting On: ____ / ____ / ____

Share ID #: _____ In the amount of: \$ _____ Starting On: ____ / ____ / ____

Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semimonthly (1 st & 16 th)

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 MC Federal Credit Union has received written notification from me to revoke this agreement at least 3 full business days before the next scheduled transaction.
- MC Federal Credit Union reserves the right to terminate the direct payment plan at any time
- If funds are not available at the other financial institution, MC Federal Credit Union 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
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Credit Union Use Only:	
Request Received On: _____	By: _____
Back Office Use Only:	
Entered on Zephyr On: _____	By: _____
Verified On: _____	By: _____