



Direct Payment Authorization

Member Name: _____
Member Number: _____
Phone Number: _____

Create New
 Modify Existing
 Discontinue

Credit My MC Federal:

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

Frequency: Monthly Weekly Bi-Weekly Semimonthly (1st & 16th)

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

Credit Union Use Only:
Request Received On: _____ By: _____
Back Office Use Only:
Entered on Zephyr On: _____ By: _____
Verified On: _____ By: _____