



Direct Payment Authorization

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

Modify Amount  
 Modify Date/Frequency  
 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 (1<sup>st</sup> & 16<sup>th</sup>)

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

<b>Credit Union Use Only:</b>		
Request Received On: _____	By: _____	Teller #: _____
<b>Back Office Use Only:</b>		
Entered on Zephyr On: _____	By: _____	
Verified On: _____	By: _____	