

**ME/CU**  
**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**  
**(To ME/CU From a Financial Institution)**

Start                       Change                       Revoke                       One time stop/skip granted

ME/CU Account Number: \_\_\_\_\_  
 Primary Member Name: \_\_\_\_\_

Transit/ABA/Routing # 303085337

The undersigned authorizes Municipal Employees Credit Union, hereinafter called ME/CU, to initiate debit entries to my/our **savings / checking** (circle one) account at the depository financial institution named below, hereinafter called DEPOSITORY. I/(We) acknowledge that the origination of ACH transactions to or from my (our) account must comply with the provisions of U.S. law.

Start Date: _____ / _____ / _____ Frequency: weekly / bi-weekly / monthly / semi-monthly / one-time Depository Name: _____ Branch: _____ City, State, Zip: _____ Transit / ABA / Routing #: _____ Account #: _____ <b>*Please attach voided check if returning this form by mail.</b>	Credit Union Use Only  <input type="checkbox"/> OFAC Depository Institution
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Method of Payment:

For ME/CU Loans:     \$ \_\_\_\_\_ to Loan # \_\_\_\_\_

For ME/CU Shares:    \$ \_\_\_\_\_ to Share # \_\_\_\_\_

One Time Stop / Skip-a-pay Granted:    Skip Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

ME/CU Account # and Loan # \_\_\_\_\_ Amount: \_\_\_\_\_

This authority is to remain in full force and effect until ME/CU and Depository have received written notification from member of its termination fourteen (14) days prior to its due date.

**Electronic Funds Transfer Disclosure Statement**

1. Member(s) understands the payment/transfer amount will be made as indicated.
2. This payment/transfer is voluntary and is not required as a condition of credit. Automatic payment/transfer may be cancelled at any time.
3. Upon the filing of bankruptcy, Member will cause the automatic payment/transfer to cease in the same manner in which Member caused it to begin. If Member fails to do so, ME/CU will stop the automatic payment/transfer upon actual notice of Member's bankruptcy.
4. If the funds are not available in the account, which is debited for payment/transfer, the automatic payment/transfer will be treated as a return check. There will be a \$25.00 return check charge imposed as stated in the Rate and Fee Schedule and Disclosure Statement.
5. ME/CU will credit the amount of payment/transfer as of the date the funds for the payment/transfer are received.

I (We) acknowledge receipt and acceptance of the Electronic Funds Transfer Disclosure Statement, the terms and conditions of which are incorporated, by reference, herein. Please keep a copy of this authorization for your records.

\_\_\_\_\_ Date \_\_\_\_\_                      \_\_\_\_\_ Date \_\_\_\_\_  
 Member Signature    Joint- Member Signature

<b>ME/CU Use Only:</b>	
Teller Name: _____	Date: _____