

ELECTRONIC/AUTOMATIC TRANSFER AUTHORIZATION FORM

Date of Request	
Member No.	
Account Owner	
Request Type	<input type="checkbox"/> New <input type="checkbox"/> Update <input type="checkbox"/> Cancellation

AUTHORIZATION

I authorize MECU to transfer funds from the above account(s) as follows:

Frequency:	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	<input type="checkbox"/> Request Only <input type="checkbox"/> ACH Scheduled <input type="checkbox"/> Other Event	
Start Date					
Transfer from Account No. (same as above)					
TO ACCOUNT NO.	AMOUNT (\$)	SHARE	DRAFT	LOAN	VISA

I understand it is my responsibility to maintain a balance in my account to enable the transfer to be made on the specified date. If there are not sufficient funds in the account on the transfer date, available funds will be used to make a partial transfer in any order determined by the credit union. The transfers will continue until I notify MECU in writing to cancel or update the transfer, or if MECU notifies me the transfer will be discontinued. The credit union must receive the written request for cancellation seven (7) business days prior to the transfer.

Member Signature

Date

ME/CU Department Representative processing request

Date