

AUTHORIZATION AGREEMENT FOR DEPOSITS TO MCFCU

I (we) hereby authorize Members Choice Federal Credit Union to initiate credit entries to my (our) () checking () savings account () loan # _____ (select one) and to debit the same to such account as indicated below.

Members Choice FCU
Bloomington, IN 47403
Routing Number: 274972760

Account Name _____ Account Number _____

FINANCIAL INSTITUTION

Name _____ Routing Number _____

Account name(s) _____

Account Number _____ Checking () Savings ()

Start Date _____ Monthly () Bi-Weekly () Weekly ()

Dollar Amount: To Account \$ _____ To Loan \$ _____

This authorization is to remain in full force and effect until Members Choice FCU has received written notification from me (or either of us) of its termination in such time and such manner as to afford Members Choice FCU a reasonable opportunity to act on it.

Printed Name(s) _____

Signatures _____

Date _____ Date _____

NOTE: All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

I (we) wish to terminate the above authorization agreement for direct deposit (ACH credit).

Printed Name

Printed Name

Signature

Signature

Date _____

Date _____