



DATE : _____

ACH Authorization

NAME: _____ ACCOUNT# _____

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT (ACH DEBITS) _____

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS/FUNDS TRANSFER (ACH CREDITS) _____

Members Trust Federal Credit Union
4000 Luxottica Place Mason, OH 45040
Phone: (800) 769-8934 Fax: (513) 765-6078

IS HEREBY AUTHORIZED TO INITIATE DEBIT/CREDIT ENTRIES TO MY (OUR) ACCOUNT AS INDICATED AT THE INSTITUTION BELOW:

NAME OF FINANCIAL INSTITUTION: _____

FINANCIAL INSTITUTION'S ROUTING & TRANSIT #: _____

PAYMENT TYPE: ONE TIME PAYMENT: _____ RECURRING PAYMENT: _____ PAYMENT STARTING DATE: _____

TYPE OF ACCOUNT AND PAYMENT AMOUNT TO BE WITHDRAWN FROM:

CHECKING ACCOUNT #: _____ AMOUNT: \$ _____

SAVINGS ACCOUNT #: _____ AMOUNT: \$ _____

PRINT NAME: _____ DATE: _____

AUTHORIZED SIGNATURE: _____

CONTACT PHONE NUMBER: _____

ALL DEBITS/CREDITS MUST COMPLY WITH U.S. LAW. THEY MAY BE REVOKED WITHIN 60 DAYS FROM SETTLEMENT DATE. ANY NSF OR RELATED FEES WILL BE ELECTRONICALLY DEBITED FROM YOUR ACCOUNT.

<p>FOR CREDIT UNION USE ONLY: (Off Setting Entry Information) START DATE: _____</p> <p>ACCOUNT TYPE: CHECKING ___ SAVINGS ___ LOAN ___ VISA ___ GENERAL LEDGER ___</p> <p>DEPOSIT/CREDIT _____ WITHDRAW/DEBIT _____</p> <p>MEMBER NAME: _____</p> <p>CU ACCOUNT NUMBER: _____</p> <p>CREDIT UNION REPRESENTATIVE: _____ DATE: _____</p>
