



Michigan Educational
Credit Union

Authorization for ACH Debit Entries Recurring Transfers

Authorization Agreement for Preauthorized Payments

Member(s) Name _____ Member No: _____

MECU Account Number to be credited _____

Account Type: Savings Checking Loan (CHECK ONE)

If savings or checking, what date would you like the funds deposited? _____

If a loan, it will be on the due date with MECU. (Member Initial) _____

I (we) herby authorize MICHIGAN EDUCATIONAL CREDIT UNION, hereinafter called "Company", to initiate debit entries to my (our) account, indicated below and the depository named below, hereinafter called "Depository", to debit same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. LAW. This transfer may take up to two (2) days to post.

Depository Name _____

City _____ State _____ Zip _____

Routing Transit/ADA No: _____ - _____ - _____ - _____ - _____ - _____ - _____ - _____ - _____

Account Number: _____

Account Type: Checking Savings (CHECK ONE)

Amount \$ _____

In the event of an error, "Company" reserves the right to reverse entries as described in the applicable ACH rules.

This authority is to remain in full force and effect until "Company" has received written notification (60 days) from me (or either of us) of its termination in such time and in such manner as to afford "company" a reasonable opportunity to act on it. I am an authorized signer, or otherwise have authority to act, on the account identified above.

SIGNATURE _____ DATE _____