

Authorization Agreement for Automatic Transfers

Please print. _____ CIF: #_____ Account Owner's Name: Account Owner's Address: Email Address: Contact Number: **INTERNAL MECU TRANSFERS** I hereby authorize the Municipal Employees Credit Union of Baltimore, Inc. (MECU) to withdraw or electronically transfer funds as requested. I agree that I am responsible and hold MECU harmless for all fees against my account(s) as a result of this agreement. I further agree that funds for transfer will be available in the account I designated for my next scheduled payment amount and payment date. Please allow up to 3 days to be set up on your MECU account. You can also set up your own transfers at www.mecu.com using your online banking. From Account: #____ ☐ Checking ☐ Savings ☐ Money Market To Account: #____ ☐ Checking □ Savings ☐ Money Market \square Installment Loan \square Personal Line of Credit \square Home Equity Line of Credit Frequency: ☐ Weekly ☐ Biweekly ☐ Monthly Beginning Date: **EXTERNAL TRANSFERS** Note: External Transfers are offered only for fixed-rate, monthly installment loans. ACH DEBITS (from another financial institution) I hereby authorize the Municipal Employees Credit Union of Baltimore, Inc. (MECU) to initiate withdraws or electronically transfer funds from another financial institution for further credit to the MECU account per my instructions. This service is an alternative payment method that may take up to 30 days to establish direct payment and does not impact your obligation to pay your loan on time. If funds availability is not pertinent at corresponding financial institution, you are fully responsible for all loan payment(s) and charges MECU accesses. Please provide: ☐ If from a **checking** account, a current voided **check** ☐ If from a savings account, an account verification letter from the other financial institution (on letterhead) I hereby authorize MECU to initiate debit entries to my/our account at: ____ Routing: #_____ Acet: # ____ in the amount of \$ for further credit to the MECU account listed below: Installment Loan: #______(monthly only) Beginning Date: _____ I UNDERSTAND AND AGREE THAT: I authorize the internal transfer and/or external transfer to remain in full force and effect until MECU has received written notification from the authorized signer(s) to modify or discontinue the authorization at a minimum of 3 full business days prior to next scheduled transaction and as to afford MECU and/or the Depository Financial Institution a reasonable opportunity to act on. I further understand that MECU and or my (our) financial institution reserves the right to terminate services and/or my participation at any time. (Fax #: 443-927-3717; Address: MECU One South Street, Baltimore, Maryland 21202 Attn: ACH Department) Print Name: _____ Date: _____ For MECU Use Only ☐ Processed ☐ Denied ☐ Incomplete _____ Signature: _____ Date: ___