



Authorization Agreement for Automatic Transfers

Account Owner's Name: _____ (please print) CIF# _____

Account Owner's Address: _____

Contact number: _____ Email address: _____

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.*

Amount \$ _____

From Account # _____ Checking Savings Money Market

To Account # _____ Checking Savings Money Market

Installment Loan Personal Line of Credit Home Equity Line of Credit

Frequency: Weekly Bi-Weekly Monthly Beginning ____/____/____ (MMDDYY)

EXTERNAL TRANSFERS: 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 a current voided check if the account is a checking; an account verification letter if savings (on letter head) from the other Financial Institution ***

I hereby authorize MECU to initiate debit entries to my/our account at;

_____ (Name of Financial Institution being debited)

Routing # _____ in the amount of \$ _____ Acct # _____

for further credit to the MECU account(s) listed below;

Checking # _____ Money Market # _____

Savings # _____ Installment Loan # _____ (monthly only)

Frequency: Weekly Bi-Weekly Monthly Beginning ____/____/____ (MMDDYY)

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 reserve 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: _____

Signature: _____ Date: _____

____ Processed _____ Denied _____ Incomplete 1

Reason _____ Teller # _____ 1

Signature: _____ Date _____ 1 1 1

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