

This form must be completed before printing.

# MERCY CREDIT UNION

## EXTERNAL AUTHORIZATION AGREEMENT FOR ACH DEBITS-DIRECT PAYMENTS

Choose one of the following:

I (we) hereby authorize, Mercy Credit Union to debit entries to my (our) account indicated below & the Financial Institution named above/below, hereinafter called **FINANCIAL INSTITUTION**, to debit such account. I (we) acknowledge the origination of ACH transaction to my (our) account must comply with the provisions of U.S. law.

Name of Financial Institution to Debit	Routing Number	Account Number
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Account Type: _____	Date to start debit _____	Amount _____
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Frequency of Electronic Debit: \_\_\_\_\_

Member's Printed/Typed Name	Phone Number	MCU Acct. Number	Acct Type	Suffix
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This authority is to remain in full force & effect until Mercy Credit Union has received **Written Notification** from me (or either of us) of its termination in such time & manner as to afford Mercy Credit Union & FINANCIAL INSTITUTION a reasonable opportunity to act on it. If the loan pays off without termination notification the debited funds will be deposited into your credit union savings account. Fees may be assessed for returned payments due to insufficient funds. Upon my 3<sup>rd</sup> returned payment due to insufficient funds, my ACH direct payment may be terminated.

<b>Members Signature</b>	<b>Date Signed</b>
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**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM**

Office Use Only

Loan Officer/Teller	Date Received	Date Added ACH	Signature
Date Authorization Revoked	Date Removed ACH		