

MEMBER INFORMATION

NAME(S)		ACCOUNT NUMBER	
STREET ADDRESS	CITY	STATE	ZIP
HOME PHONE	WORK PHONE	CELL PHONE/OTHER	

I (we) hereby authorize Meijer Credit Union, hereinafter called MCU, to initiate preauthorized payment entries to my/our account as indicated below. I (we) additionally authorize the MCU and depository financial institution listed below to initiate debit/credit and adjustment entries for any debits or credits made in error. I (we) acknowledge that the origination of ACH entries to my (our) account must comply with the provisions of U.S. law and that MCU does not originate International ACH Transactions (IAT). I (we) further acknowledge that initial originating entries and changes to existing entries require a 15-day advance notice.

TRANSACTION AT OTHER PARTICIPATING INSTITUTION (Member completes ALL information)

FINANCIAL INSTITUTION NAME		ROUTING & TRANSIT/ABA#	
ACCOUNT NUMBER AT INSTITUTION	TRANSACTION AMOUNT	DATE TO BE WITHDRAWN	
<small>[check only one box]</small> Withdrawal From: <input type="checkbox"/> Checking <input type="checkbox"/> Savings OR Deposit To: <input type="checkbox"/> Checking <input type="checkbox"/> Savings OR <input type="checkbox"/> Payment To Loan #			
<small>[check only one box]</small> Frequency (How Often): <input type="checkbox"/> One-Time Request <input type="checkbox"/> Weekly (W) <input type="checkbox"/> Biweekly (B) <input type="checkbox"/> Monthly (M) <input type="checkbox"/> Quarterly (Q)			

TRANSACTION AT MEIJER CREDIT UNION [check only one box]

Loan Payment to Loan# _____
 Deposit to Share # _____
 Withdrawal from Share # _____

This authorization is to remain in full force and effect until MCU has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the MCU and depository a reasonable opportunity to act on it. I am aware, as the "Originator" on this agreement, that I must notify MCU of any changes or any termination of preauthorized payment in writing.

X _____
 MEMBER/ORIGINATOR SIGNATURE DATE

CANCELLATION/TERMINATION

I wish to cancel this origination effective: _____ / _____ / _____

X _____
 MEMBER/ORIGINATOR SIGNATURE DATE

CREDIT UNION USE ONLY

ORIGINATION: Processed By: _____ Date Processed: _____ Verified By: _____	EFT CANCELLATION: Processed By _____ Processed On _____ Verified By _____
--	---



Your savings federally insured to at least \$250,000 by the National Credit Union Administration, a U.S. Government Agency, and backed by the full faith and credit of the United States Government.



We do business in accordance with the Federal Fair Housing Law and the Equal Credit Opportunity Act.