



**MPD Community Credit Union
AUTHORIZATION FOR ONE TIME ELECTRONIC TRANSFER**

ONE TIME AUTHORIZATION

I (we) hereby authorize MPD Community Credit Union to initiate **Debit** **Credit** entries to my (our) **Checking** **Savings** **Loan(s)** account indicated below and the depository named below, Hereinafter Called DEPOSITORY, to **Debit** **Credit** same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY NAME _____
(YOUR BANK NAME HERE)

CITY _____ STATE _____ ZIP _____

ROUTING/TRANSIT/ABA NO. _____

ACCOUNT NO. _____

This transaction is for _____ (date) and to occur one time only in the amount of \$ _____.

I (we) further authorize MPD Community Credit union to **Debit** **Credit** my/our (checking, savings, loan, etc.) account number _____ at MPD Community Credit Union dollar amount and date listed above.

If this EFT is returned for any reason (NSF, incorrect information, etc...) a fee of \$29.00 will be charged to my account. Fees from other financial institutions may apply.

TO INSURE PROPER TRANSACTIONS PLEASE ATTACH A VOIDED CHECK COPY

PRINT NAME

SIGNATURE

DATE

**RETURN FORM WITH ATTACHED
VOIDED CHECK TO:**

**SHEREE BLAND
MPD COMMUNITY CREDIT UNION
EFT DEPARTMENT
2711 OLD LEBANON RD
NASHVILLE, TN 37214**