

**MPD Community Credit Union
AUTHORIZATION FOR ELECTRONIC TRANSFERS**

INITIAL AUTHORIZATION

CHANGE IN AUTHORIZATION

I (we) hereby authorize MPD Community Credit Union to initiate Debit Credit entries to my (our) Checking Savings Loan(s)R52 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 recurring transaction is to begin on _____ (date) and occur (check one of the following)
 Weekly Bi-Weekly Semi-Monthly Monthly thereafter 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 at the same frequency and dollar amount.

This authority is to remain in full force and effect until MPD Community Credit Union has received written notification (within 15 business days) from me/us of its termination in such time and in such manner as to afford MPD Community Credit Union a reasonable opportunity to act on it. You are responsible for monitoring all accounts to verify transfers have posted properly. All transactions originated by MPD Community Credit Union must comply with the laws of the United States.

TO INSURE PROPER TRANSACTIONS PLEASE ATTACH A VOIDED CHECK COPY

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

PRINT NAME

PRINT NAME

SIGNATURE

SIGNATURE

DATE

**SHEREE BLAND
MPD COMMUNITY CREDIT UNION
EFT DEPARTMENT
2711 Old Lebanon Road
NASHVILLE, TN 37214**

I (We), _____, wish to terminate the above stated transaction, as of _____ .
Date

PRINT NAME

SIGNATURE

PRINT NAME

SIGNATURE

DATE

Date Received _____ **Received By** _____

Date Template Set-up _____ Set-up By _____
Recurring Entry Set-up _____ Set-up By _____

Date Template Approved _____ Approved By _____

Date Termination Received _____ Received By _____

Date Template Deleted _____ Deleted By _____
Recurring Entry Deleted _____ Deleted By _____

Date Deletion Approved _____ Approved By _____

ACH MICR: _____

\$ _____ to account # _____

Frequency: Weekly Bi-Weekly Semi-Monthly Monthly Quarterly

Starting Date: _____

\$ _____ to account # _____

Frequency: Weekly Bi-Weekly Semi-Monthly Monthly Quarterly

Starting Date: _____

\$ _____ to account # _____

Frequency: Weekly Bi-Weekly Semi-Monthly Monthly Quarterly

Starting Date: _____

Recurring Entries Set up by: _____ Date _____
Recurring Entries Verified by: _____ Date _____