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)** 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. 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   _____

Date Template Approved   _____   Approved By _____

Date Termination Received   _____   Received By _____

Date Template Deleted   _____   Deleted By   _____

Date Deletion Approved   _____   Approved By _____