



AUTHORIZATION TO PAY ITEMS FOR TRANSFERRED ACCOUNTS

*Member Name: _____

*Date: _____

*New Account Number: _____

*Old Account: _____

*Reason Account Transferred: _____

CHECKS

Check# _____	Amount \$ _____	Check# _____	Amount \$ _____
Check# _____	Amount \$ _____	Check# _____	Amount \$ _____
Check# _____	Amount \$ _____	Check# _____	Amount \$ _____
Check# _____	Amount \$ _____	Check# _____	Amount \$ _____

ACH

Per this authorization, MCU may pay an ACH item listed below ONLY once. This authorization expires after an item has been paid once or after 30 calendar days from the date on this form, whichever occurs first.

Company Name: _____ Amount \$ _____

Company Name: _____ Amount \$ _____

Company Name: _____ Amount \$ _____

Company Name: _____ Amount \$ _____

Company Name: _____ Amount \$ _____

Memorial Credit Union will pay all checks and ACH items listed as stated above, however, I agree MCU will not be held liable for any returned checks and ACH items that are not accurately listed above or ACH items presented for payment 30 calendar days after the date on this form.

*Member Signature _____

*Denotes a required item