



AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFERS

Company ID Number: **266080369**

I (We) authorize Miami Federal Credit Union, hereinafter called MFCU, to initiate debit or credit entries to my (our) **Checking Account** _____ or **Savings Account** _____ (select one) indicated at the depository financial institution named below, hereafter called **DEPOSITORY**, and to debit or credit the 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: _____ Branch: _____

City: _____ State: _____ Zip Code: _____

Routing Number: _____ Account Number: _____

Deduct: \$ _____ Beginning: _____, 20 _____

Monthly Semi-Monthly 1st & 15th Bi-Weekly Other

Distribute funds to MFCU Loan #: _____

Please Attach a voided check/deposit slip with signed Authorization

This authorization is to remain in full force and effect until MFCU has received written notification from me (or either of us) of its termination in such time, and in such manner as of afford MFCU and DEPOSITORY a reasonable opportunity to act on it.

Name (s): _____ Account Number: _____

Date: _____ Signature(s): _____

NOTE: MIAMI FEDERAL CREDIT UNION MUST RECEIVE WRITTEN NOTICE FROM THE MEMBER IN ORDER FOR AUTHORIZATION TO BE REVOKED.

For Credit Union Use Only

CREDIT UNION OFFICIAL: _____

DATE: _____