



TELEPHONE AUTHORIZATION AGREEMENT FOR ONE TIME ELECTRONIC FUNDS TRANSFERS

Company ID Number: 266080369

Miami Federal Credit Union is authorized to initiate a []debit or []credit entry to the 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.

Date: _____ Member Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Depository Name: _____

Routing Number: _____ Account Number: _____

Deduction Amount: \$ _____ Payment Date: _____

Loan Number: _____ MFCU Account Number: _____

Transfer Amount: \$ _____ Share Account: _____

VERIFICATION INFORMATION

FEE: \$ _____

Date of Birth: _____

Social Security Number: _____

Telephone Number: _____

Mother's Maiden Name: _____ (If Applicable)

IMPORTANT: Please inform member of the following: A confirmation of your oral authorization will be sent to you via U.S. mail today.

For Credit Union Use Only
CREDIT UNION OFFICIAL SIGNATURE: _____
Teller Code: _____ Date: _____

CREDIT UNION COPY



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Fee: \$ _____

MEMBER COPY