Please complete this form and email it to lending@mpscu.org. This form authorizes MPSCU to debit payments to pay for your loan.

MPS Credit Union

2190 NW 72nd Avenue, Miami, FL 33122-1824
Miami-Dade: (305) 592-7733 · Broward: (954) 832-3078 · Toll Free: (800) 782-3630
Fax: (305) 477-2736

AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize MPS Credit Union, hereinafter called ***CREDIT UNION***, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called ***FINANCIAL INSTITUTION***, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

FINANCIAL INSTITUTION

_____
(Financial Institution Name)

_____
(Address) (City-State) (Zip)

ACCOUNT

☐ Checking ☐ Savings
(Account Type)

_____ _____
(Routing/Transit Number) (Account Number)

Recurring Amount: $_____

SELECT A SCHEDULE

Monthly: ☒ _____ _____
(Day of Month) (Starting Date)

Range +/- _____ Days

☒ * I (we) wish to have recurring transactions that fall on non-banking days to be processed on the closest banking day **BEFORE** the scheduled date.

DURATION

After # _____ Occurrences / Payments

MPSCU LOAN

Loan Account # _____ _____

This authority is to remain in full force and effect until ***CREDIT UNION*** has received written notification from me (or either of us) of its termination in such time and manner as to afford ***CREDIT UNION*** and ***FINANCIAL INSTITUTION*** a reasonable opportunity to act on it. This Agreement shall be governed by the laws of the State of Florida and the rules of the National Automated Clearing House Association.

_____
(Print Individual Name)

_____
(Signature)

_____
(Date)

For Office Use Only
Issued Tracking Number: _____

Revision Date: 3/12/2012