

**Metropolitan Services Credit Union  
Authorization Agreement for ACH Transactions**

**I (we) authorize Metropolitan Services Credit Union (MSCU) to initiate debit or credit entries to my (our) account(s) as indicated below and the financial institution name below, hereinafter called Financial Institution, to debit or credit the same to such account. I (we) agree to have available funds in my (our) account on the designated date to affect this transfer. I (we) agree to pay any applicable fees for this service as disclosed in the Fee Schedule. This authority will remain in effect until I (or either of us) notify the credit union in writing at least one week prior to the next settlement date. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of United States law.**

Account information of the bank or credit union that you authorize MSCU to debit or credit:

\_\_\_\_\_

*Name of Financial Institution*

\_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

Type of transaction: \_\_\_ Debit \_\_\_ Credit      Type of account: \_\_\_ Checking \_\_\_ Savings

\_\_\_\_\_      \_\_\_\_\_      \$ \_\_\_\_\_

*Routing Number or ABA Number*      *Account Number*      *Amount*

Frequency of transaction: \_\_\_ Weekly      Day of the week: \_\_\_\_\_

   \_\_\_ Bi-weekly      Day of the week: \_\_\_\_\_

   \_\_\_ Monthly      Day of the month: \_\_\_\_\_

*If this date falls on a weekend or bank holiday, this transfer will automatically be made the following business day.*

Metropolitan Services CU account #: \_\_\_\_\_      \_\_\_ Debit \_\_\_ Credit

   \_\_\_ Checking \_\_\_ Savings \_\_\_ Loan

***Metropolitan Services Credit Union will make every effort to complete this transfer unless circumstances beyond our control prevent the transfer, despite reasonable precautions that we have taken. All terms and conditions of your account agreement apply to this agreement.***

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

*Name (please print)*      *Signature*      *Date*

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

*Name (please print joint owner)*      *Signature*      *Date*

**CANCELLATION REQUEST**

I hereby authorize Metropolitan Services Credit Union to **cancel** the above described automatic entry.

Effective as of \_\_\_\_\_      Signature \_\_\_\_\_