

Authorization Agreement For Pre-Authorized Payments (Debits)

Member Name: _____
(Last, First, Middle)

Social Security Number: _____

Debit Account # (attach void check) _____

Savings Checking

Name of Donor Institution _____

Address _____

ABA Routing Number # _____

Deposit (Credit) Funds to Mid American Account _____

Mortgage Loan Installment Loan
 Savings Checking

\$Amount _____

How often will you make your loan payment?

Weekly Bi-Weekly
 Monthly Semi-Monthly

What dates will you make your loan payments? _____

Effective Date _____

Month/Day/Year

As a convenience to me, I hereby authorize, direct and empower the donor institution to pay and charge to my account, checks drawn on my account by my agent, the recipient institution named above, and payable to it, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that the donor institution's rights regarding each such check shall be the same as if it were a check drawn on the donor institution and signed personally by me. This authority is to remain in effect until revoked by me or the recipient institution in writing. Until you actually receive such notice, I agree that the donor institution shall be fully protected in honoring any such check.

I further agree that if any such check be dishonored, whether with or without cause and whether intentionally or inadvertently, the donor institution shall be under no liability whatsoever.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

Signature _____ Date _____

For Office Use Only

Mid American Signature Date

Mail completed form to:
Mid American Credit Union
8404 West Kellogg Drive
Wichita, Kansas 67209

