

**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.

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

