

**MEMBERS 1ST CREDIT UNION
LOAN & VISA PAYMENT AUTHORIZATION FORM**

FILL OUT THIS FORM AND BRING INTO THE OFFICE OR FAX TO 802.257.5837

DATE: _____ LOAN/VISA ACCOUNT NUMBER: _____ SUFFIX: _____

NAME/S: _____

CASH / HOME BANKING

COUPON BOOK

TRANSFER FROM SAVINGS OR CHECKING ACCOUNT # _____ SUFFIX _____

- | | | |
|--------------------------|-------------------------------------|-----------------|
| <input type="checkbox"/> | TRANSFER ON PAYMENT DUE DATE | AMOUNT \$ _____ |
| <input type="checkbox"/> | TRANSFER WEEKLY (WEDNESDAYS) | AMOUNT \$ _____ |
| <input type="checkbox"/> | TRANSFER WEEKLY (FRIDAYS) | AMOUNT \$ _____ |
| <input type="checkbox"/> | BI-WEEKLY (THURSDAYS) | AMOUNT \$ _____ |
| <input type="checkbox"/> | MONTHLY ON _____ (1ST THROUGH 31ST) | AMOUNT \$ _____ |

PAYROLL DEDUCTION - SOURCE CODE _____ AMOUNT \$ _____

AUTOMATIC OR PAYROLL DEDUCTIONS TO START ON _____, 20_____

HOME EQUITY LINE OF CREDIT – YOU AUTHORIZE A TRANSFER FROM YOUR ACCOUNT IN ORDER TO SATISFY THE MINIMUM PAYMENT AMOUNT DUE AND UNDERSTAND THAT THIS AMOUNT MAY VARY FROM TIME TO TIME.

VISA CARD – YOU AUTHORIZE A TRANSFER OF A **FIXED AMOUNT** REGARDLESS IF THIS AMOUNT IS LESS THAN THE MINIMUM AMOUNT DUE AND UNDERSTAND THAT YOU WILL BE RESPONSIBLE FOR MAKING ADDITIONAL PAYMENT(S) BY THE PAYMENT DUE DATE.

YOU UNDERSTAND THAT YOU ARE RESPONSIBLE FOR THE PAYMENT ON YOUR MEMBERS 1ST CREDIT UNION LOAN ACCOUNT AND YOU UNDERSTAND THAT IF THE AMOUNT TO MAKE THIS PAYMENT IS NOT AVAILABLE IN YOUR DEPOSIT ACCOUNT ON THE DUE DATE, YOU ARE RESPONSIBLE FOR MAKING THE PAYMENT ON YOUR OWN.

THIS AUTHORIZATION IS TO REMAIN IN EFFECT UNTIL YOU NOTIFY MEMBERS 1ST CREDIT UNION IN WRITING, GIVING THE CREDIT UNION A REASONABLE AMOUNT OF TIME TO ACT ON THE CHANGE. YOU UNDERSTAND THAT IF YOUR DEPOSIT ACCOUNT CHANGES/IS CLOSED; YOUR PAYROLL COMPANY AND/OR PAYROLL PROCESSOR CHANGES; OR OTHER ACTION IS TAKEN; YOU ARE RESPONSIBLE FOR NOTIFYING THE CREDIT UNION.

CANCEL AUTOMATIC OR PAYROLL DEDUCTION TRANSFER

MEMBER SIGNATURE _____ DATE _____

MEMBER SIGNATURE _____ DATE _____

FORM TAKEN BY: _____ DATE: _____

CU: COUPON BOOK / SYSTEM SET-UP PROCESSED BY _____ DATE _____