MEMBERS 1ST CREDIT UNION FUNDS DISTRIBUTION AUTHORIZATION FORM

Revised 05-2025

FILL OUT THIS FORM AND BRING INTO THE OFFICE OR FAX TO 802.257.5837		
DATE: NAME:		
ACCOUNT NUMBER:		
START DATE:	WEEKLY / BI-WEEKLY / SEMI-MONTHLY / MONTHLY (Circle one)	
PLEASE DO THE FOLLOWING TRANSFERS	FROM DEPOSIT ACCOUNTS:	
SAVINGS ACCOUNT NUMBER:	SUFFIX NUMBER:	AMOUNT:
CHECKING ACCOUNT NUMBER:	SUFFIX NUMBER:	AMOUNT:
TO THESE ACCOUNTS		
SAVINGS ACCOUNT NUMBER:	SUFFIX NUMBER:	AMOUNT:
SAVINGS ACCOUNT NUMBER:	SUFFIX NUMBER:	AMOUNT:
SAVINGS ACCOUNT NUMBER:		
LOAN ACCOUNT NUMBER:	SUFFIX NUMBER:	AMOUNT:
LOAN ACCOUNT NUMBER:	SUFFIX NUMBER:	AMOUNT:
LOAN ACCOUNT NUMBER:	SUFFIX NUMBER:	AMOUNT:
VISA ACCOUNT NUMBER:	SUFFIX NUMBER:	AMOUNT:

IF THESE TRANSFERS ARE FOR LOAN ACCOUNTS:

CANCEL FUNDS DISTRIBUTION

HOME EQUITY LINE OF CREDIT – YOU AUTHORIZE A DISTRIBUTION 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, 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 OR OTHER ACTION IS TAKEN; YOU ARE RESPONSIBLE FOR NOTIFYING THE CREDIT UNION.

MEMBER SIGNATURE	DATE
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CU: SYSTEM SET-UP PROCESSED BY	DATE