



Consumer Recurring Loan/ Transfer Authorization Agreement

Account Number: _____

Member Name	
Share Suffix	Loan Suffix

General Information	
<input type="checkbox"/> This is a new authorization.	Effective date:
<input type="checkbox"/> This is a request to change an existing authorization.	Effective date:
<input type="checkbox"/> This is a request to cancel an existing authorization.	Effective date:

Transfer Type
<input type="checkbox"/> Loan Payment from my account at another financial institution.
<input type="checkbox"/> Share Transfer to MidWest Financial Credit Union from another financial institution.
<input type="checkbox"/> Share Transfer from MidWest Financial Credit Union to another financial institution.

Transfer Information	
Transfer Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Other:	
Day/Date of Transfer	Transfer Amount \$

Financial Institution Information	
Name on the Account	
Financial Institution Name	
ABA/Routing Number	Account Number
Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other:	

Please attach a voided check to this form. Do not attach a deposit slip.

I (we) authorize MidWest Financial Credit Union (MFCU) to originate ACH (Automated Clearing House) transactions between MFCU and Another Financial Institution indicated below. I (we) understand that MFCU as the Originator must comply with the requirements of the NACHA Rules, as they may change from time to time. The Receiving Financial Institution must be a participating member of the ACH. This authorization must be provided to MFCU at least 10 days before a new or existing payment takes place. Each change of authorization at MFCU will be charged \$2.50. Cancellation of each existing ACH origination must be submitted in writing. The Credit Union may terminate this agreement at any time, with or without notice.

I (We) further understand and agree that the Credit Union and/or other financial institution shall not be responsible for any act or failure to act on their part, except in the case of gross negligence or willful misconduct. Furthermore, I (we) agree to hold the Credit Union and/or other financial institution harmless from any claims, liabilities, attorneys' fees and other costs and expenses of any and every kind and nature which may be incurred by them by reason of their performance under this Authorization Agreement. If this agreement is intended to pay a MFCU loan and the funds are not available at the other financial institution, my loan account will be assessed applicable finance and/or late charges.

Please note that when your scheduled payment/transfer date falls on a weekend or non-business day, your payment/transfer will occur on the business day prior to your actual transfer date.

Member Signature _____ Date _____

For Credit Union Use Only			
Member Service	Signature Verified By:	Date:	
Accounting	User Number:	Date:	<input type="checkbox"/> EFT <input type="checkbox"/> TRANSLIST <input type="checkbox"/> SCAN