



ACH Credit Origination Request Form (This will Credit Your Account at Members Trust)

Phone Fax In Person

ACCOUNT HOLDER AGREEMENT FOR PRE-AUTHORIZED PAYMENTS I (we) hereby authorize Members Trust of the Southwestl Credit Union hereinafter called CREDIT UNION, to initiate credit entries to my (our) account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

MTFCU Member Name :

MTFCU Member # :

MTFCU Member Ph # :

MTFCU Account type : Share / Loan ID :

Please complete the required information for the Depository Institution to be debited below.

Institution Name : Recurring Transaction

Address : One Time Transaction

City : State : Zip Code :

Routing Number : Date Debit to Start :

Account Number : Frequency :

Account Title : Amount :

Please print, sign and fax completed form to:
Houston Office 713-681-2114
Stephenville Office 254-968-4687

Internal Use Only

If this form is a phone request, what information was used to verify the members identity:

Signed By

SSN Drivers License Password on Acct Known to me

Other: _____

This authority is to remain in full force and effect until I (we) provide the CREDIT UNION and DEPOSITORY with a written authorization requesting that a change be made or that the periodic payments be terminated. I (we) must provide this written authorization as to change or termination so that it is received by the CREDIT UNION and DEPOSITORY at least 30 days before change or termination is requested. I (we) understand and agree that in order for the CREDIT UNION and DEPOSITORY to make payments requested in this Authorization form, I (we) must have the payment amount available in my (our) account. I (we) further understand and agree that the CREDIT UNION shall not be responsible for any act or failure on their part, except in the case of gross negligence, or willful misconduct. Futhermore, I (we) agree to hold the CREDIT UNION and DEPOSITORY harmless from any claims, liabilities, attorney's fees and other costs and expense of any and every kind and nature which may be incurred by them by reason of their performance under this Authorization form.

Processed By: _____ / Tlr #: _____

Current Date :