



# ACH Debit Origination Request Form (This will Debit 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 debit entries to my (our) account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit the same to such account.

MTFCU Member Name :	<input type="text"/>	Date Debit to Start :	<input type="text"/>
MTFCU Member # :	<input type="text"/>	Frequency :	<input type="text"/>
MTFCU Member Ph # :	<input type="text"/>	Amount :	<input type="text"/>
MTFCU Account type :	<input type="text"/>	Share ID :	<input type="text"/>

Recurring Transaction       One Time Transaction

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

Institution Name :

Address :

City :     State :     Zip Code :

Routing Number :

Account Number :

Account type :     ID :

Account Title :

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

### Internal use only:

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

- SSN     Drivers License     Password on Acct     Known to me
- Other: \_\_\_\_\_

\_\_\_\_\_  
Signed By

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 :