

Automatic Payment/Deposit Authorization

Teller # _____

| | |
|-----------------------------|--------------------------------------|
| Name _____ | MidWest America Account Number _____ |
| Street Address _____ | Daytime Phone Number _____ |
| City, State, Zip Code _____ | |

Please SELECT the automatic payment option you wish to authorize. Attach a voided check to this form.

- Debit my account at another financial institution to make my MWAFUCU loan payment
Frequency: Weekly Biweekly Monthly **Loan ID** ____ **Loan Payment Amount** \$ _____ **Start Date** _____
If any loan payment exceeds the loan payoff amount, the excess will be deposited to your regular share account.
- Debit my account at another financial institution to make a recurring deposit to my MWAFUCU account.
Frequency: Weekly Biweekly Monthly **Share ID** ____ **Transfer Amount** \$ _____ **Start Date** _____

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|--|---|
| Name of Other Financial Institution _____ Name(s) on Account to Debit _____ Type of Account to Debit (please check one): <input type="checkbox"/> Savings <input type="checkbox"/> Checking | Other Financial Institution Phone # _____ Account Number to Debit _____ Financial Institution Routing Transit Number (9-digits) _____ |
|--|---|

Please CANCEL my automatic: loan payment or deposit for the amount of \$ _____
 as of [date] _____ with [financial institution's name] _____

I authorize MidWest America Federal Credit Union to initiate debit and/or credit entries to my account listed above, and I request and authorize the financial institution named above to accept and honor the same. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authorization will remain in full force and effect until MidWest America has received written notification from me of its termination in such time and manner as to afford MidWest America a reasonable opportunity to act on it. If the item, in the above authorization, would be returned to MidWest America Federal Credit Union, (for any reason other than stop payment) the normal NSF fee will apply. Likewise, MidWest America reserves the right to cancel the above authorization, if the attempt to perform the above transaction, causes excessive derogatory conditions. Please allow at least 30 days following prenotification for the initial transaction to occur.

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|--|-------------|
| Signature (must be an authorized signer on the above named account) | Date |
|--|-------------|

**Questions? Call 800-348-4738 ext. 4100. Mail the original copy of this form along with a copy of your VOIDED check to:
 ACH DEPARTMENT | MIDWEST AMERICA FCU | 1104 MEDICAL PARK DRIVE | FORT WAYNE, IN 46825**