

Authorization for Periodic Payment



First name:		Last name:	
Date:	Branch #:	Member #:	

Payment Information

Beginning date:		End date:	
Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Once every 3 months* <input type="checkbox"/> Once a year* <input type="checkbox"/> Twice a month <input type="checkbox"/> Weekly <input type="checkbox"/> Once every 6 months*			
*Frequency options do not apply to loan accounts			
Amount: \$	From account #:		S:
	To account #:		S: L:

Authorization to Begin Periodic Payment

I authorize you to deduct and transfer a total of \$_____ per the selected frequency from the provided account information. I understand that it is my responsibility to have the funds available in the account for deduction by the due date of the periodic payment. I understand that if the funds are not available, my periodic payment will not be made. Additionally, I understand that Member One Federal Credit Union will not be responsible for any late charges or penalties that may incur because the funds were not available.

Member Signature

____/____/_____
Date

Employee Signature

____/____/_____
Date

Authorization to Cancel Payment

Member Signature

____/____/_____
Date

Employee Signature

____/____/_____
Date

OFFICIAL USE ONLY

CU 80 A/ADD:	C/CANCEL:	CU 80A ALTER:	AUTHORITY #:
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