



# AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Please check one:  NEW  CHANGE

I (we) hereby authorize MS Public Employees CU (MSPECU) to initiate debit or credit entries to my (our) account at the institution indicated below for my (our) MSPECU loan payment or Share/Checking Deposit Account. For loan payments, I understand that I must continue to remit monthly payments to the CU until the automatic payments begin. I also understand that this will continue until I notify, in writing, to MSPECU that this authorization is revoked.

BANK NAME: \_\_\_\_\_

BANK TRANSIT/ABA #: \_\_\_\_\_

BANK ACCOUNT #: \_\_\_\_\_  Checking  
 Savings

CU ACCOUNT #: \_\_\_\_\_  Checking  
 Savings  
 Loan

Amount \$ \_\_\_\_\_ Payment will be debited on \_\_\_\_\_ (date)

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of US Law and the Rules of the National Automated Clearing House Association. I (We) further acknowledge that I (we) have retained a copy of this authorization when I (we) signed it. You hereby authorize and request MSPECU to debit funds from your account at the financial institution indicated and credit the funds according to the above instructions. Funds need to be on deposit at the designated financial institution on the evening prior to the effective date of the ACH debit. In the event funds are not available and the ACH debit is returned as "unpaid" for any reason, the credit union will charge a fee of \$35.00. You must notify MSPECU in writing if you would like to make any changes or cancel this authorization. You agree to indemnify and hold MSPECU harmless for all costs, including attorney's fees, (to the extent permitted by law), damage or claims related to MSPECU action in refusing payment of the item, including claims of any joint account-holder, payee, or endorsee, or in failing to cancel or process an item as a result of incorrect information provided by you. By signing below, you certify that the information you have given on this ACH Debit Authorization Agreement for Direct Payments is complete, true, and submitted for the purpose selected above.

Signature(s) \_\_\_\_\_

Daytime Telephone # (required) \_\_\_\_\_

Please sign, attach a voided check or deposit slip, and mail to:  
MS Public Employees CU  
613 S West St  
Jackson MS 39201

OR email to: [memberservices@mspecu.org](mailto:memberservices@mspecu.org)