



Authorization for Automatic Payment
 from Another Financial Institution
 MUNICIPAL EMPLOYEES ASSOCIATION



Employee Name: _____

REQUEST TYPE

New Change Revoke

TRANSFER FREQUENCY

Biweekly

Effective Date _____

(The Effective Date will determine the day of the month future payments will be drawn. Biweekly payments will be drawn every 14 days.)

FINANCIAL INSTITUTION TO BE DEBITED*

Name of Financial Institution _____

[Transit/ABA](#) _____ Account Number _____

Account Type Share Draft/Checking Savings

*If the Financial Institution I am requesting this payment from is Des Moines Metro Credit Union, I agree to the establishment of an internal transfer between accounts for my dues payment.

DES MOINES METRO CREDIT UNION ACCOUNT TO BE CREDITED

Municipal Employees Association

Member Number 3023006

Savings

Amount \$ 10.00

(If the amount of the dues payment changes, you authorize DMMCU to change the amount of this request.)

I authorize Des Moines Metro Credit Union to initiate debit entries, and adjustments for errors if necessary, to my account identified 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 effect until I notify Municipal Employees Association in writing to cancel it and provide DMMCU adequate time to act on it.

Signature

Phone Number

Date

For Office Use Only

Set-Up Completed by _____

Date Rec'd _____

Set-Up Verified by _____