## <u>AUTHORIZATION AGREEMENT FOR PREAUTHORIZED VISA PAYMENTS</u>

COMPANY NAME	MO Electric Cooperatives Employees' Credit Union
COMPANY ID NUMBER	1431044975
called COMPANY, to initiate (select one) indicated below thereinafter called DEPOSITO	Electric Cooperatives Employees' Credit Union, hereinafter e debit entries to my (our)  Checking  Savings account and the depository financial institution named below, ORY, and debit the same to such account. I (we) tion of the ACH transactions to my (our) account must of U.S. law.
DEPOSITORY NAME	<u> </u>
BRANCH	
CITY	STATE ZIP
TRANSIT/ABA NO	ACCOUNT NO
The amount of the payment for my credit card to be deducted monthly is: (CHECK ONE)  THE MINIMUM PAYMENT AS IT APPEARS ON YOUR CREDIT CARD STATEMENT	
<ul><li>□ PAY OFF THE FULL STATEMENT BALANCE</li><li>□ FIXED AMOUNT EACH MONTH OF \$</li></ul>	
written notification from me	in in full force and effect until COMPANY has received (us) of its termination in such time and in such manner as to OSITORY a reasonable opportunity to act on it.
NAME	CARD NUMBER
DATE	SIGNED

stAuto pay request may take up to 60 days from date of request.