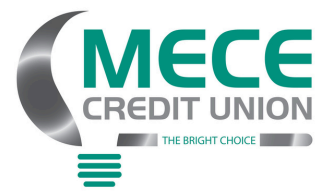


ACH AUTHORIZATION FORM



Email: mececu@mececu.com
 Ph: (573) 634-2595
 Fax: (573) 635-9781
 Address: PO Box 1586
 Jefferson City, MO 65102

Member Name: _____ Account Number: _____ Checking Savings
 To MECE Savings ___ MECE Checking ___ From MECE Savings ___ MECE Checking ___

I (we) hereby authorize MO Electric Cooperatives Employees' Credit Union, hereinafter called COMPANY, to initiate, at the member's request, Credit (withdraw from MECECU account) and Debit (deposit to MECECU account) entries to and/or from my (our) Checking and/or Savings account and the depository financial institution named below, hereinafter called DEPOSITORY, and credit and/or debit the same to such account.

Financial Institution (FI Name) _____

City _____ State _____ Zip _____ Phone Number _____

Routing No. _____ Checking # _____ Savings # _____

Do you have the authority to initiate ACH transactions on the financial institutions listed above and is your name listed as an owner on these accounts? Yes No

ACCOUNT TRANSFER TYPE

Non-Recurring / Occasional (date and amount controlled by member)

Recurring Transfer - Transfer \$ _____ Frequency _____ Beginning Date _____

Make A Loan Payment - Loan Number _____ Transfer \$ _____ Frequency _____ Beginning _____

Visa Credit Card Payments - Minimum Payment _____ Statement Balance _____ Monthly Amount of \$ _____

ACH NOTARY INFORMATION

ALL OWNERS OF OTHER FINANCIAL INSTITUTION ACCOUNT, IF DIFFERENT FROM MECE CREDIT UNION ACCOUNT OWNER, MUST SIGN AND HAVE THIS SECTION NOTARIZED.

Other FI Account Owner Names _____
 Printed Name Signature

NOTARY

 Printed Name Signature

Subscribed and sworn to before me this _____ day of _____, _____.

_____, (Notary Public - Signature)

STATE OF _____, COUNTY OF _____

On _____ before me, _____ personally
 appeared _____ personally

known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and

acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. My Commission Expires: _____

AUTHORIZATION

I (we) acknowledge that the origination of the ACH transactions to my (our) account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until COMPANY has received written notification from me (us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Signature _____ Date _____ Signature _____ Date _____

Signature _____ Date _____ Signature _____ Date _____