

ate entered in s	ystems:	MOBC FCU use only.	
CH:			
Database:			

ACH LOAN PAYMENT AUTHORIZATION

x New Change	Cancel						
MOBC FCU Acccount Owner's Name	MOBC FCU	MOBC FCU Account Number					
Financial Instituion to be Debited							
Name of Financial Instituion to be Debited			Routing Nur	Routing Number (ABA)			
City		State	Zi	p Code			
Name on Account			Account Nu	mber			
		<u>'</u>					
Please deduct from my/our: (select one)	Check	ing Savi	ng				
I (We) hereby authorize Mount Olive Baptist Church Federal Credit Union ("MOBC FCU") to DEBIT my account with the Debited Financial Institution named above to make my scheduled payment with MOBC FCU. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law. I (We) understand that MOBC FCU is not responsible for any fees, penalties or late charges, which may arise when funds are not available and the ACH debit is rejected. I (We) also understand that any rejected debits may be resubmitted. Payment dates that fall on a non-business day will be posted on the next business day. One time Weekly Biweekly (every 2 wks) Semi-monthly Monthy							
I request a Debit amount of:							
MOBC FCU Loan ID#							
Note: If your final deduction is greater than your final payment, the remainder will be deposited into you MOBC FCU savings account.							
I (We) understand that Automatic Payments will begin on the first due date AFTER the submission of this form.							
Pleae start my automatic payment on(mm/dd/yyyy) and the day of each month thereafter.							
This authorization is to remain in full force and effect until MOBC FCU has received written authorization from an account owner of its termination no later than 3 business days prior to the initiation of the next payment. I also understand that if a change or cancellation is requested, this form supersedes any previous form(s) on file.							
Account Owner's Name	Signature			Dates			

Note: Two consecutive failed payments may result in termination of the automatic debit from the other institution.

Phone: 817.261.9325 Fax: 817.275.2806 mobcfcu.com