

MASTERCARD® AUTOMATIC PAYMENT AUTHORIZATION ("AUTHORIZATION")

PLEASE PRINT

Cardholder Name _____	Credit Union Account Number _____
Method of Contact: Phone _____	Email _____

TRANSFER

<p>Transfer From Payor Account:</p> <p>Action <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel</p> <p>Credit Union Account Number _____</p> <p>Name if Different than above: _____</p> <p>Transfer From <input type="checkbox"/> Share Draft <input type="checkbox"/> Primary Share</p> <p>Month to Start Transfer _____ (Pending Credit Union Review)</p> <p>Transfer Due Date: 9th day of each month</p>	<p>Transfer To Mastercard® Account Number:</p> <p>(Last 4 Numbers Only) _____</p> <p>Amount</p> <p><input type="checkbox"/> Minimum Payment</p> <p><input type="checkbox"/> Statement Balance</p> <p><input type="checkbox"/> Fixed Amount* \$ _____</p> <p><small>* If, during any billing cycle, the Minimum Payment amount due exceeds the Fixed Amount chosen, then the amount of the transfer for that billing cycle will be increased to the amount of the Minimum Payment due.</small></p>
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SIGNATURES

By signing below, You hereby authorize the Credit Union to withdraw and/or transfer the amount(s) specified in this Authorization and to remit such amount(s). You further understand and agree to the following: (a) this Authorization may involve electronic fund transfers and, to that extent, You acknowledge receiving a copy of Our Electronic Fund Transfer Agreement and You agree to and accept the terms found therein; (b) available funds must reside in the Account to be debited as of the end of the business day that precedes the scheduled transfer date; (c) You acknowledge receiving a Fee Schedule and the Credit Union's Membership and Account Agreement provided at the time You opened Your Account(s) and You agree to and accept the terms and conditions found therein; (d) if this Authorization involves a jointly owned Account, You certify that You are representing all owners of the Account(s) and that You are authorized to do so. You authorize Us to accept Your facsimile signatures on this Authorization and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature.

Signature (Payor Accountholder) _____ Date _____

CREDIT UNION USE ONLY		
Effective Date of Change _____	Entry Date _____	Credit Union Staff Initials _____