

Member Information

Name	Member Number	SSN (optional)

Authorize Automatic Payment

I hereby authorize DFCU Financial to withdraw funds to pay my credit card as specified below:

Card Number	Account Number	Type of Account*	
		Savings Checking	
Type of Payment		<u> </u>	
The "Total Amount Due" at the end of the statement period.			
The "Minimum Payment Due" according to the statement.			
A "Fixed Monthly Payment" amount of \$			
Important Information Regarding this Agreement			
• If the minimum payment due is greater than the payment amount selected above, I understand the amount deducted from my account and applied to my credit card balance will be the minimum payment due.			
• I understand that my credit card statement will indicate the payment amount and the date the payment will be applied to my credit card account. Payments are made on the statement due date and cannot be changed. I also understand this payment will occur even if I make a payment on my own.			
 Excessive payment failures, such as non-suffici agreement. DFCU Financial will provide notifica 		lation of this payment	
*If no account type is selected, the funds will be withdrawn from the checking account.			

Cancel Automatic Payment

By checking the box below, I hereby authorize DFCU Financial to cancel withdrawals from my savings or checking account to pay my credit card account. I understand all future payments to my credit card will be my responsibility.

Cancel my automatic credit card payment for credit card number:

Agreement & Authorization

This form supersedes and replaces any previous Credit Card Automatic Payment Agreement form(s) on file.

Card Holder's Signature

Printed Name

Date

Date _

Branch ___

Employee ____

Verified ____