



## AutomaticPay Authorization Form

Name(s) on Credit Union Account (please print):

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Credit Union Account No.: \_\_\_\_\_ S \_\_\_\_\_

Credit Card Account to be paid (check ONLY one):\*

- VISA Platinum/Member Rewards \_\_\_\_\_
- VISA Gold \_\_\_\_\_
- VISA Classic \_\_\_\_\_
- MasterCard Classic \_\_\_\_\_
- Gold MasterCard \_\_\_\_\_

**(Last four digits of credit card number only.)**

Monthly Payment Option (check ONLY one):

- Full payment amount of New Balance
- Minimum payment amount
- Designated payment amount \$ \_\_\_\_\_

I authorize Bank-Fund Staff Federal Credit Union (BFSFCU) to initiate electronic debits from my above-designated BFSFCU account effective the payment due date shown on my above-designated credit card monthly statement. I understand these debits will commence on the first payment due date following receipt of this authorization by BFSFCU. This authority is to remain in effect until revoked by me in writing to BFSFCU with at least 30 days' notice.

I agree that each such electronic debit shall be the same as if it were a check drawn on my BFSFCU Checking account and personally signed by me, and that BFSFCU shall be fully protected in honoring such a debit. If the funds are not available in my BFSFCU account to honor such a debit, a non-sufficient funds fee (NSF) of \$25.00 will be assessed to my BFSFCU account, and any payment resulting from such a debit will be cancelled. I understand that after 3 consecutive NSF automatic payments, my enrollment will be cancelled. I further agree that if any such electronic debit be dishonored with cause, BFSFCU shall be under no liability whatsoever if such dishonor results in late charges or revocation of my above-designated BFSFCU credit card.

X \_\_\_\_\_  
(Signature) (Date)

\*Please fill out a separate AutomaticPay Authorization Form for each additional Credit Union credit card account that you wish paid using this program.