

AutomaticPay AUTHORIZATION FORM

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

Credit Union Checking Account No.: _____

Credit Card Account to be paid (check ONLY one):*
(Last four digits of credit card number only.)

VISA Signature _____

VISA Platinum _____

VISA Platinum Member Rewards _____

VISA Platinum Cash Rewards _____

Monthly Payment Option (check ONLY one):

Full payment amount of New Balance

Minimum payment amount

Designated payment amount \$ _____

I authorize BankFund Staff Federal Credit Union® (BFSFCU®) to initiate electronic debits from my above-designated BFSFCU checking 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 checking account to honor such a debit, a non-sufficient funds fee (NSF) of \$30.00 will be assessed to my BFSFCU checking account and any payment resulting from such a debit will be cancelled and I will be responsible to ensure the payment occurs on time.

I understand that after 3 consecutive NSF automatic payments, my enrollment in the automatic payment program 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.