



AUTHORIZATION FOR PERIODIC PAYMENT

Member Name: _____ Member Number _____

Payment Amount (excludes Visa Accounts) _____

For VISA Payments Only (Choose One)

- Minimum + Any Over Limit Amount
- Full Balance

Debit Account _____ Credit Account _____ Effective Date ____/____/____

Frequency (Check one): Bi-weekly Monthly Quarterly Half yearly
 Four weeks Two months Semi-monthly End of month

Final Payment Date ____/____/____ or Until Further Notice

Issue Check Payable to _____

Alternate Transaction Description _____

IMPORTANT: Each automatic transfer you initiate from a savings account counts as a Reg. D transfer. Please refer to the Truth In Savings brochure for more details.

Member Signature _____ Date ____/____/____

FOR CREDIT UNION USE ONLY

CU80: **A**/add Authorization # _____

C/cancel Authorization # _____

Operator # _____ Branch # _____ Date ____/____/____

Staff Signature _____