



AUTHORIZATION FOR PERIODIC PAYMENT

Member Name _____

Member Number _____

Payment Amount* _____ (*Excludes VISA)

For VISA Payments Only (*Choose One*)

- Minimum + Any Over Limit Amount
- Full Balance

Debit Account _____ Credit Account _____

Effective Date ____/____/____

Frequency (*Circle One*): Weekly | Bi-weekly | Monthly | Quarterly | Half year | 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 disclosure for more details.

Signature: _____ Date: ____/____/____

FOR CREDIT UNION USE ONLY

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

C/cancel Authorization # _____

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

Staff Signature _____