



CREDIT CARDHOLDER AUTOMATIC PAYMENT AUTHORIZATION FORM

Instructions: Complete Sections A-D. Please allow 25 days to process this request. Because of the timing of billing cycles, the automatic payment service may not start until after your next bill is due. Therefore, you may need to pay the next bill you receive. A message on your statement will indicate when the bill will be paid automatically.

For changes to your payment option, account number and routing number, you will need to allow for one full payment cycle for these changes to take effect. You will be responsible for making the next scheduled payment.

SECTION A: RECURRING PAYMENT OPTIONS (fill in the auto pay day and select one of the payment options):

- The total amount due
- The minimum payment
- A fixed amount greater than the minimum – Fixed Amount \$ SSSSSSSSSSS
- A fixed percentage of the balance greater than the minimum payment (3%)! SSSSSSS

SECTION B: CREDIT CARD NUMBER

Payments will be applied to this credit card number:

First 6 Numbers: _____

Last 4 Numbers: SSSSSSSSSSSSS

SECTION C: FINANCIAL INSTITUTION INFORMATION

If the account listed below is not a Wauna Credit Union savings or checking account, a voided check or pre-printed savings deposit ticket must be attached to initiate your automatic payment.

From the following account type (check one): Checking Savings

F.I. NAME: _____

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

Request to Cancel Automatic Payment Authorization

With my signature below I request the automatic payment authorization for the above reference credit card account be cancelled.

SECTION D: AUTHORIZATION

I hereby authorize Wauna Credit Union to initiate withdrawals from the account indicated above to pay my Wauna Credit Union Credit Card account. I understand that if my credit card number changes due to lost or stolen purposes, the automatic withdrawal authorization will transfer to my new card number.

I understand that I am still responsible for the payment due on my Wauna Credit Union Credit Card account if funds are not available in my deposit account. I further agree that if any such withdrawal is dishonored with cause, I will be subject to a service charge set forth by my financial institution as well as a returned payment fee, which is disclosed on my Wauna Credit Union Credit Card Disclosure.

This authorization is to remain in effect until I have notified Wauna Credit Union in writing, giving the Credit Union U'reasonable amount of time to act on the change. I understand that if my deposit account changes, is closed, or other action is taken I am responsible for notifying the Credit Union.

Cardholder's Signature: _____ Date: _____

Printed Name: _____ Daytime Phone: _____

<p>7F98-HI B=CB I G9 CB@M</p> <p>8UH FYWj YX. SSSSSSSSSSS 9a d =b]hU'g#-8. SSSSSSSSSSS 6fUbW #8Ydh SSSSSSSSS</p> <p>8UH DfcWVggYX. SSSSSSSSSSS 9a d =b]hU'g#-8. SSSSSSSSSSS</p>
