

CARDHOLDER AUTOMATIC PAYMENT AUTHORIZATION FORM

I/We _____
(cardholder name/names) authorize Muskegon Federal Credit Union to automatically withdraw:
(Check one of the following)

- The full balance as of my last month's ending balance, less any payments and posted credits made since that last month's billing date.
- The minimum payment as of my last month's ending balance plus the total amount delinquent as of my last month's statement.
- The fixed amount of _____ (whole dollar amount)
I understand that if the balance of my last statement is less than this amount, that the lesser amount will be taken from my deposit account.

I understand that I am still responsible for payment of any balance that exceeds my credit limit less the auto payment amount from my: (Check one)

- Shares
- Share Draft/Checking

Account Number _____ at Muskegon Federal Credit Union.
Payments will be applied to my Muskegon Federal Credit Union VISA Account Number _____.

I understand that my payment will be withdrawn from this account on the 28th day of each month. All funds withdrawn will be applied to my VISA account. I authorize this payment to begin on _____ 28th for the payment due on that day.

I understand that I am still responsible for the payment due on my VISA account if funds are not available in my deposit account. I understand that I have the right to terminate automatic payments at any time by contacting the credit union in writing. I understand that if my deposit account number changes, is closed, or other action is taken, I am responsible for notifying the credit union.

Primary Cardholder Signature

Date

Secondary Cardholder Signature

Date

PLEASE RETURN THIS FORM TO THE CREDIT UNION

FOR CREDIT UNION USE:

Received Approved Prenote Verified First Payment Confirmed