

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I understand that my payment will be withdrawn from this account on the 28th day of each month. All funds withdrawn will be applied to my VISA account.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

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FOR CREDIT UNION USE:

☐ Received    ☐ Approved    ☐ Prenote Verified    ☐ First Payment Confirmed