

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 (Payment will be applied on the payment due date each month):

- Full statement balance
- Statement minimum payment
- A fixed amount greater than the minimum payment – Fixed Amount \$ _____

SECTION B: CREDIT CARD NUMBER

Payments will be applied to my IU Credit Union credit card account number:

SECTION C: FINANCIAL INSTITUTION INFORMATION

If the account listed below is not an IU 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 (check one): Checking Savings

Name of Financial Institution: _____

Bank Routing Number: _____

Account Number: _____

SECTION D: AUTHORIZATION

I hereby authorize IU Credit Union to initiate withdrawals from the account indicated above to pay my IU 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 IU 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 IU Credit Union Credit Card Disclosure.

This authorization is to remain in effect until I have notified IU Credit Union in writing, giving the Credit Union 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 _____

Print Name _____ Daytime Phone _____

CREDIT UNION USE ONLY

Date Received: _____ Teller Number/Initials: _____ Branch/Dept: _____

Date Processed: _____ Teller Number/Initials: _____

SCAN THIS FORM AND THE VOIDED CHECK OR ACCOUNT VERIFICATION AS ONE ITEM AND SAVE TO THE SCAN 0: DRIVE CREDIT CARD > CREDIT CARD PAPERWORK. SAVE USING THE CARD NUMBER.