

UNIVERSITY CREDIT UNION

Mastercard Automated Payment Service

Last Name	First Name	Middle Name
UCU Mastercard Number		Daytime Phone Number & Extension
Transfer Payments from Depository Name (Name of Financial Institution)		
Bank Name	ABA Routing Number	DFI Account Number
For Transfer Payments from UCU Account		
UCU Account Number	Suffix Number	Other Account Holder Signature (if any)

AUTHORIZATION (check which applies): Minimum Payment Each Month (see statement for details)
 Specified Dollar Amount Each Month \$ _____
(Must be higher than the minimum payment and less than the full payment)
 Statement Balance Remaining (balance after any credits posting)

CHANGE: Cancellation *Form must be received prior to the statement closing date.*
 Depository Financial Institution

DEDUCTION DATE: Deduction date will be the 18th of each month

Please allow one payment cycle for your first automatic payment to begin. Until the first payment is made automatically, please continue to send payments to the mailing address.

**ATTACH VOIDED CHECK HERE for
Initial Deductions or
Change in Depository Financial Institution**

Mail this completed form, with the attached VOIDED check to:

**Card Services Department
1500 S. Sepulveda Blvd.
Los Angeles, CA 90025-3312**

AUTHORIZATION AGREEMENT

As a convenience to me, I hereby authorize University Credit Union, hereinafter called UCU, to initiate debit entries to my checking account indicated above and the depository named above, hereinafter, called DEPOSITORY, to debit the same to such account. I agree that my DEPOSITORY's rights regarding each such debit shall be the same as if it were a check drawn on my DEPOSITORY and signed personally by me. This authority is to remain in full force and effect until UCU and the DEPOSITORY have received a written notification from me of its termination of the authority in such time and in such manner as to afford UCU and DEPOSITORY a reasonable opportunity to act on it.

I understand that I may stop an automatic transfer if I provide written notice to UCU and DEPOSITORY prior to my statement closing date and at least three (3) business days before a scheduled debit. Payments will be initiated according to the option I selected above. I may change the option only with a subsequent written instruction to UCU and the DEPOSITORY. Payment amounts will be calculated according to the balance due at the Mastercard statement cutoff date. I understand a payment will not be made if my account has insufficient good funds or available credit to pay the amount. I attest that the voided check used to initiate my automatic UCU Mastercard payment transaction is from a valid checking account. I authorize UCU to change my automatic debit when requested by me. UCU reserves the right to cancel automatic payments due to excessive return items. I authorize UCU, if it so chooses, to resubmit a debit return for the reason of insufficient funds. I understand that a fee will be charged in the event of a returned item or closed account where access is denied (see "Schedule of Fees and Charges" for fee amount). This agreement is signed with full knowledge that automatic UCU Mastercard payment transactions are not required as a prerequisite to loan approval.

Member Signature _____ Date _____

CU Use Only:	Received By (Teller #) / Date	Input By (Teller #) / Date
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