



AUTHORIZATION AGREEMENT FOR ACH DIRECT PAYMENTS OF CREDIT CARD

Member Name: _____

SSFCU Credit Card No: _____

Payment Amount (select ONE option):

- Minimum Payment due.
- Last Statement Balance less credits and/or payments posted.
- Fixed Amount of \$_____ or the Minimum Payment due, whichever is greater. If the Last Statement Balance is LESS than the Fixed Amount, the Last Statement Balance will be paid.

*Start Date: _____

*Must be 30 days in the future to allow for processing

Member Social Security No: _____

I hereby authorize Suncoast Schools Federal Credit Union, hereinafter called COMPANY, to initiate debit entries to my account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account for the Credit Card Account and Payment Amount reflected above, and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my account at the DEPOSITORY.

Please debit my account beginning on the Start Date indicated above. Debits will be monthly on the due date indicated on my Credit Card Statement, which may vary by up to 5 days. If this date falls on a weekend or holiday, payment will be made on the following business day. I understand that payment amount may vary, depending on the payment option that I choose. I agree to make my credit card payments until this payment is electronically debited.

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and such manner as to afford COMPANY and the DEPOSITORY a reasonable opportunity to act on it. In the event of unsuccessful debits, I understand that COMPANY reserves the right to cancel this authorization and will notify me in writing of such action. If a debit is returned to COMPANY due to insufficient funds, I understand a Returned Item Fee will be charged to my Credit Card Account.

Signature of Account Holder

Date

Account Holder Information (if other than Member named above):

Name: _____

Address: _____

Telephone: (_____) _____ - _____

PLEASE ATTACH VOIDED CHECK HERE

DEPOSITORY INFORMATION (Financial Institution Information)

BANK NAME: _____ BANK ADDRESS: _____

BANK TELEPHONE #: _____ CITY, STATE & ZIP: _____

TYPE OF ACCOUNT (CHECK ONE): CHECKING SAVINGS

TRANSIT ROUTING NUMBER:

ACCOUNT NUMBER:

INFORMATION VERIFIED BY: _____ (Name of Bank Representative)
 _____ (Title of Bank Representative)
 _____ (Date)