



Member Number _____

Social Security Number _____

AGREEMENT FOR PRE-AUTHORIZED (ACH) CREDIT CARD PAYMENTS

Credit Card Number _____

Pre-Authorized Credit Card Payments will be deducted from your account on the Payment Due Date indicated on your monthly Credit Card Statement. Please allow 30 days for processing and first payment transfer.

I hereby authorize Suncoast Schools Federal Credit Union to initiate monthly withdrawals from my Credit Union account to pay the above listed Credit Union credit card account as indicated:

Debit my *(select one)*

- Share Draft** (Checking)
- Money Market**
- Share** (Savings)

} **Account Number** _____
(include suffix)

for an amount equal to *(select one)*

- (1/5) the **Minimum Payment Due**.
- (4/7) the **Last Statement Balance** less credits and/or payments posted.
- (J/K) a **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.

- Delay** the start of automatic payments until *(indicate month)* _____
- Replace** my existing pre-authorized payment agreement with the above.
- Cancel** my pre-authorized payment agreement.

If any withdrawal is dishonored with cause, the Credit Union shall be under no liability whatsoever if such dishonor results in late charges, returned payment charges, or the revocation of my card.

Three (3) dishonored withdrawals within any six-month period will result in the termination of this agreement by the Credit Union.

This authority is to remain in full force and effect until the Credit Union has received written notification from me or other authorized joint owner of its termination in such time and in such manner as to afford the Credit Union a reasonable opportunity to act on it.

Member's Signature

Date