

AGREEMENT FOR PREAUTHORIZED VISA PAYMENTS

I hereby authorize California Community Credit Union (CACCU) to initiate withdrawals from the account indicated below to pay my credit card account number_____.

Please withdraw from my account with (CACCU):

Member/Account Number _____ Name _____
(Please Print)

Please withdraw from my account with:

(Name of Financial Institution) (Routing and Transit Number)

(Account Number) (Name on Account)

(CHECK ONE) _____ Checking _____ Savings

The amount of payment for my credit card to be deducted **monthly** is (Check One):

_____ The minimum payment of \$25.00 or 4% of the balance, whichever is greater.

_____ The total unpaid balance.

_____ A fixed amount of \$_____. (If your payment is larger than this designated amount you are responsible for paying the difference by the due date.)

I understand that this preauthorized payment may take up to two months to begin. I will continue to make my regular payments by the due date until my VISA statement reflects when the automatic payment will start.

This authority is to remain in full force and effect until I provide California Community Credit Union with a written authorization requesting that a change be made or that the periodic payments be terminated. I must provide this written authorization as to change or termination so that it is received by the credit union at least 30 days prior to any change or termination.

I understand and agree that in order for California Community Credit Union to make payments requested in this authorization form, I must have the payment amount available in my account.

I further understand and agree that California Community Credit Union shall not be responsible for any act or failure to act on its part, except in the case of gross negligence or willful misconduct. Furthermore, I agree to hold California Community Credit Union harmless from any claims, liabilities, attorneys' fees and other costs and expensed of any and every kind and nature which may be incurred by it by reason of its performance under this authorization form.

Date Signature

(For office use only) Accepted by: _____ Date: _____ Processed by: _____ Dated: _____