

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

Member Name _____ Member Number _____

Credit Card Number _____

✓Check appropriate box below:

Fixed payment Amount: \$ _____

Minimum Payment Due Each Month

Balance in Full Each Month

I hereby authorize First Data Resources, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my:

✓select one

Share Draft/ Checking, Suffix: _____

Main Share/ Savings account and the depository institution names below to debit and/ or credit the same to such account indicated below.

Financial Institution

Name: _____ Branch _____

City: _____ State: _____ Zip: _____

Transit/ABA No.: _____ Account No.: _____

This authority is to remain in full force and effect until Kirtland Federal Credit Union has received written notification from me (or any other authorized signer on the account) of its termination in such time and in such manner as to afford Kirtland Federal Credit Union a reasonable opportunity to notify First Date Resources and the depository institution to terminate the automatic payments.

I understand that I must maintain a sufficient balance for my credit card payment to be automatically withdrawn from the above referenced account. Failure to maintain sufficient balances may result in a NSF fee and termination of automatic transfers.

Signature: _____ Date: _____

Signature: _____ Date: _____