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CREDIT CARD AUTOMATIC PAYMENT FORM
(CREDIT CARD ONLY)

Member Name: _____ Member Number: _____

Kirtland Credit Card Number: _____

Check appropriate box below: (Required)

Add or Modify Auto Payments

- **Note: Adding your Auto Payments may take up to two cycles**

Cancel Auto Payments

- **Note: Canceling your Auto Payments may take up to two cycles**

Check appropriate box below:

Fixed Payment Amount \$ _____

Minimum Payment Due Each Month

Balance in Full Each Month

Change or Modify Auto Payment

Select One

Share Draft/ Checking, Suffix: _____

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

Financial Institution

Name: _____

City: _____

State: _____

Transit/Routing No: _____ Account No: _____

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I understand that I must maintain a sufficient balance for my credit card payment to be automatically withdrawn from the above reference account.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

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:

Signature: _____

Date: _____

(CREDIT UNION USE ONLY)

Employee Name: _____ Teller # _____

*For research purposes must be signed before submitting to Card Services