

EASYPAY

AGREEMENT FOR PREAUTHORIZED PAYMENTS

I (We) hereby authorize the Enfield Community Federal Credit Union to initiate withdrawals from the account indicated below to pay my (our) credit card account number _____

I (We) agree that your rights in respect to each withdrawal shall be the same as if it were a check drawn on my (our) account and personally signed by me (or either of us) that you shall be fully protected in honoring such a withdrawal. I (We) further agree that if any such withdrawal is dishonored with cause, the Credit Union shall be under no liability whatsoever if such dishonor results in late charges or revocation of my (our) card.

Please withdraw from Member Account # _____ Checking _____

Names on account: _____

The amount of the payment for my (our) credit card to be deducted monthly is (SELECT ONE):

- _____ The minimum payment or 3% of the balance, whichever is greater.
- _____ The total unpaid balance.
- _____ A fixed amount or the minimum payment, whichever is greater. The fixed amount To be withdrawn monthly is \$ _____ dollars and _____ cents.

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

*** If a payment is received after the statement date the EASYPAY payment will still be debited from the account on the stated payment date.

Signature

Date

Signature

Date