

AutomaticPay AUTHORIZATION FORM

Name(s) on Credit Union Account (please print):

Credit Union Account No.: _____

Credit Card Account to be paid (check ONLY one):*

(Last four digits of credit card number only.)

VISA Gold _____

VISA Platinum _____

VISA Platinum Member Rewards _____

VISA Platinum Cash Rewards _____

Monthly Payment Option (check ONLY one):

Full payment amount of statement balance

Minimum payment amount of statement balance

Designated payment amount \$ _____

I authorize BankFund Staff Federal Credit Union® (BFSFCU®) to initiate electronic debits from my above-designated BFSFCU account, effective the payment due date shown on my above designated credit card monthly statement. I understand these debits will commence on the first payment due date following receipt of this authorization by BFSFCU. This authority is to remain in effect until revoked by me in writing to BFSFCU with at least 30 days' notice.

I agree that each such electronic debit shall be the same as if it were a check drawn on my BFSFCU Checking account and personally signed by me, and that BFSFCU shall be fully protected in honoring such a debit. If the funds are not available in my BFSFCU account to honor such a debit, a non-sufficient funds fee (NSF) of \$30.00 will be assessed to my BFSFCU account and any payment resulting from such a debit will be cancelled. I understand that after 3 consecutive NSF automatic payments, my enrollment will be cancelled. I further agree that if any such electronic debit be dishonored with cause, BFSFCU shall be under no liability whatsoever if such dishonor results in late charges or revocation of my above-designated BFSFCU credit card.

X _____

SIGNATURE

DATE

*Please fill out a separate AutomaticPay Authorization Form for each additional Credit Union credit card account that you wish paid using this program.

AutomaticPay Three Payment Options

With AutomaticPay, you can authorize us to automatically deduct—one time each month—any one of the following monthly payment amounts from your Credit Union account:

1. The full payment⁶ amount of your New Balance.
2. The minimum payment amount (will be the greater of \$25.00 or 2.00% of the balance outstanding on your billing cycle closing date; closing date balances of less than \$25.00 will constitute the minimum payment amount).
3. A designated payment amount (must be greater than the minimum payment amount).

How to Enroll

To participate in this program, simply complete the AutomaticPay Authorization Form and mail it directly to:

Bank-Fund Staff Federal Credit Union
1725 I Street, NW, Suite 150
Washington, DC 20006
Attention: Card Services

⁶Payment would equal the balance on your last statement minus any cycle-to-date payments/credits.