

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Use this form to have the payment for your Columbus Metro Visa automatically debited from your Columbus Metro checking or savings account each month.



Directions

1. Fill out the following authorization completely.
2. Print and sign your application.
3. Return this form to Columbus Metro for processing.

Member Name _____ Account Number _____

Visa Card Number _____

Authorization

I/We hereby authorize Columbus Metro Federal Credit Union, hereafter called CREDIT UNION, to initiate debit entries to my/our account indicated below and to debit the same to such account (check one):

- Checking Account
 Savings (Share) Account

The amount of the payment for my credit card to be deducted monthly is (check one):

- The minimum payment
 The total due
 A fixed amount greater than the minimum.
The fixed amount that I would like to have deducted each month is _____

This authority is to remain in full force and effect until I/we provide CREDIT UNION with a written authorization requesting that a change be made or that the periodic payments be terminated. I/we must provide this written authorization as to change or termination so that it is received by CREDIT UNION at least 30 days prior to any change or termination requested.

I/we understand and agree that in order for CREDIT UNION to make payments requested in this Authorization Form, I/we must have the payment amount available in my/our account between the 23rd and the 29th of each month. If the payment amount is not available, your account is subject to a \$25.00 fee. Your Visa account will also be subject to a \$20.00 fee.

I/we further understand and agree that CREDIT UNION shall not be responsible for any act or failure to act on their part, except in the case of gross negligence or willful misconduct. Furthermore, I/we agree to hold CREDIT UNION harmless from any claims, liabilities, attorney's fees and other costs and expenses of any and every kind and other costs and expenses of any and every kind and nature which may be incurred by them by reason of their performance under this authorization form.

Signature _____ Date _____

Joint Member's Signature (if applicable) _____ Date _____

Mailing Address
Columbus Metro FCU
P.O. Box 13240
Columbus, OH 43213

Contact Us
By Phone 614.239.0210 or 800.986.3876
By Fax 614.239.0988
Online www.columbusmetro.org