



PROSPECTORS FEDERAL CREDIT UNION

1310 So. Valley Vista Dr., Diamond Bar, CA 91765 • T (909) 396-9688 • F (909) 396-6226 • www.prospectorsfcu.org

PFCU VISA Cardholder Auto Payment Authorization Form

I (we) hereby authorize Prospectors Federal Credit Union to initiate withdrawals from the account number indicated below to pay my (our) visa account number 4820 9925 60 _____.

I (we) agree that Prospectors Federal Credit Union's 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 any authorized signer on the account and that Prospectors Federal Credit Union shall remain fully protected in honoring such a withdrawal.

I (we) further agree that if any withdrawal is dishonored with cause, Prospectors Federal Credit Union shall be under no liability whatsoever in the event that the dishonored withdrawal results in late charges or revocation of my (our) credit card account. I understand if I do not have the funds available from the designated account, my account will be subject to a Non-Sufficient Funds fee as stated on PFCU's most recent Fee Disclosure.

I (we) request the payment to be deducted monthly from Acct # _____ Share Type _____ on approximately the 28th day after the closing date reflected on each statement. The amount deducted should be as indicated below:

___ The minimum payment reflected on each statement. I understand that the minimum payment is 3% of the unpaid balance reflected on the statement or \$20.00, whichever is greater

___ The total balance reflected on each monthly statement

___ A fixed amount of \$ _____ which will always be greater than the minimum payment amount which is 3% of the unpaid balance or \$20.00, whichever is greater

This authorization is to remain in effect until I (we) notify Prospectors Federal Credit Union in writing of my (our) request to terminate the authorization. In the event that termination is requested or any changes are to be made, I (we) agree to give Prospectors Federal Credit Union a 30-day notice, allowing a reasonable amount of time to act on my (our) request.

SIGNATURE

DATE

SIGNATURE

DATE

For Office Use:
Date Updated on FIS: _____ By: _____ Verified Started Date: _____