

P.O. BOX 6048
DEARBORN, MICHIGAN 48121
PH 888.336.2700
dfcufinancial.com

Credit Card Automatic Payment Agreement

Member Information		
Name	Member Number	SSN (optional)
Authorize Automatic Payment I hereby authorize DFCU Financial to w	ithdraw funds to pay my credit card	as specified below:
Card Number	Account Number	Type of Account* Savings Checking
Type of Payment The "Total Amount Due" at the end	of the statement period.	1
The "Minimum Payment Due" acco	•	
A "Fixed Monthly Payment" amount	t of \$	
 deducted from my account and I understand that my credit card be applied to my credit card accordanged. I also understand this Excessive payment failures, su 	greater than the payment amount sapplied to my credit card balance was statement will indicate the payment count. Payments are made on the sapayment will occur even if I make ch as non-sufficient funds, may result provide notification prior to cancel	nt amount and the date the payment will statement due date and cannot be a payment on my own. ult in cancellation of this payment
Cancel Automatic Payment		
By checking the box below, I hereby a checking account to pay my credit card responsibility.		
☐ Cancel my automatic credit card pa	syment for credit card number:	
Agreement & Authorization This form supersedes and replaces any Card Holder's Signature	previous Credit Card Automatic Pa	ayment Agreement form(s) on file. Date
Date Branch	Employee	Verified