



VISA AUTOMATIC PAYMENT AUTHORIZATION

770 Golden Gate Avenue, San Francisco, CA 94102-3195 (415) 775-5377 Expressline (415) 775-0171
www.SanFranciscoFCU.com

I/We, _____, hereby authorize the San Francisco Federal Credit Union to transfer funds from my/our **checking account**:

_____ In the amount of:	<input type="checkbox"/> Full Payment	To: _____ on the 15th of each month.
<small>(Checking Account Number)</small>	<input type="checkbox"/> Minimum Payment	<small>(VISA Account Number)</small>

Please start this transfer on _____ until the credit union receives my/our written cancellation.

I/We understand that it is my/our total responsibility to have funds available in the above account on the business day **BEFORE** the transfer date. If funds are not available for the transfer, the credit union is not responsible for any penalties that I/we may incur.

Signature	Date
X	

Signature	Date
X	

FOR CREDIT UNION USE ONLY	
CU80 set up by:	Date
Cancellation received by:	Date