

AUTHORIZATION FOR AUTOMATIC PAYMENTS OR TRANSFERS CREDIT CARD

Member Name _____

Member Number _____ **Date** _____

New Authorization
 Change Authorization
 Cancel Authorization

I/We hereby authorize San Francisco Federal Credit Union to deduct the amount indicated as Transfer/Payment Amount from my/our Transfer From Account for credit to the Transfer To Account at the Transfer Frequency as indicated below.

I/We understand that it is my/our responsibility to have sufficient funds on deposit and available in the Transfer From Account on the date of transfer. I/We understand that if sufficient funds are not available, the automatic payment or transfer will not occur and that San Francisco Federal Credit Union is not responsible for any late charges or penalties that may apply to the Transfer To Account.

	Transfer/Payment Amount	Transfer From Account	Transfer To Account	Transfer/Payment Frequency	Date of First Transfer/Payment
Transfer Or Payment #1	<input type="checkbox"/> Minimum Payment Due <input type="checkbox"/> Statement Balance	<input type="checkbox"/> Checking S <input style="width: 30px; height: 15px;" type="text"/> <input type="checkbox"/> Savings S <input style="width: 30px; height: 15px;" type="text"/>	<input type="checkbox"/> Loan L <input style="width: 30px; height: 15px;" type="text"/> <input type="checkbox"/> Checking S <input style="width: 30px; height: 15px;" type="text"/> <input type="checkbox"/> Savings S <input style="width: 30px; height: 15px;" type="text"/>	<input type="checkbox"/> Monthly	<input type="checkbox"/> Classic Visa due date: 18 th <input type="checkbox"/> Platinum Visa due date: 22 nd

Signature _____ **Date** _____

Signature _____ **Date** _____

For Credit Union Use Only:

<small>Operator Name:</small>	<small>Operator#</small>	<small>Date:</small>
-------------------------------	--------------------------	----------------------

Updated May 9, 2013