

PRE-AUTHORIZED CREDIT CARD PAYMENT/ACH TRANSFER REQUEST



Making a real difference

I hereby authorize Bay Federal Credit Union (BFCU) to initiate scheduled debit entries to my account at the financial institution listed below. I understand that the amount of the debit may vary based on my credit card agreement. I agree that it may take up to 10 calendar days to initiate this payment method for my loan, and that I must notify BFCU in writing at 3333 Clares St., Capitola, CA, at least 3 days in advance to cancel this payment authorization. I authorize BFCU to retry the transaction up to three (3) days after the scheduled date, at the sole discretion of BFCU. I understand that the use of Automated Clearing House transactions to pay my loan(s) is governed by NACHA Operating rules and Regulation E, and I agree to abide by them. I further acknowledge that any such transactions I have authorized are in compliance with provisions of all applicable law.

Name	Daytime phone	Member #
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Is this a change to an existing Transfer Request? Yes No

TRANSFER FROM

Name of the Financial Institution to Debit: _____
 Savings Checking
 Routing/Transit #: _____ Account #: _____

TRANSFER TO (MY/OUR LOAN)

If none of the boxes below are checked, only the minimum payment will be withdrawn

Credit Card Acct # _____ Min Payment Statement Balance¹ Fixed Amount² \$ _____
(Account number is the 8 digit number listed on your statement)

Credit Card Acct # _____ Min Payment Statement Balance¹ Fixed Amount² \$ _____
(Account number is the 8 digit number listed on your statement)

Effective Date: _____ This transaction is set to occur monthly:
 On the due date ___ Day(s) prior to the due date (up to 10 days)

¹ Statement Balance- the loan payment amount will be equal to the balance shown on your most recent credit card statement, regardless of any payments made prior to the automatic transfer date.
² Fixed Payments-the loan payment amount will not change as a result of the monthly amount due, and may not satisfy the required minimum payment. Fixed payment amounts will be attempted regardless of any payments made prior to the automatic transfer date.

CANCELLATION OF SCHEDULED TRANSFER

I (We) hereby authorize Bay Federal Credit Union to cancel the current automatic payment that is deducted from account # _____ and applied to account # _____ in the amount of \$ _____. This cancellation should take effect on _____.

AUTHORIZED SIGNATURE

By signing below I understand the terms and conditions of the automatic transfer described above and I also certify that I am a legal signer on the paying account.

Member Authorization X	Date
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CREDIT UNION USE ONLY:

Processed By	Date	Verified By
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For other Pre-Authorized Transfers from Deposit Accounts, please use the Deposit Account Authorization Agreement.