



# AUTOMATIC TRANSFER CREDIT CARD PAYMENT REQUEST

Name: \_\_\_\_\_

Daytime Phone: (     ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Golden 1 Checking Account Number: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

## TO START AUTOMATIC TRANSFER

I (We) am requesting Golden 1 Credit Union to make my (our) monthly credit card payments automatically via Automated Clearing House (ACH) as defined below; **I (we) understand that any other payments made by me (us) have the potential to take the place of the automatic payment.** If Golden 1 is unable to debit the amount of the payment on the agreed-upon date, the automatic payment will not be attempted again and I (we) understand it will become my (our) responsibility to make the payment. If I (we) have opted-in for Courtesy Pay, I (we) understand it may overdraft my (our) account to complete the automatic transfer and a fee may be associated with this service. If a fixed payment amount has been selected, I (we) understand if the minimum payment for that month is greater than the fixed-payment amount stated below, the minimum payment amount will be transferred.

Requested Due Date: \_\_\_\_\_

(2nd, 7th, 12th, 17th, 22nd ) (28th-HELOC only option)

**Automatic payments will be applied to my (our) credit card account on my (our) due date.** The payment will be deducted from my (our) Golden 1 Checking account on the first business day after the due date. I (We) should review my (our) credit card account to ensure the automatic payment is in effect. Otherwise I (we) will be responsible to make a payment by another method. Payment transfers will not occur when balance is zero or no minimum payment is due.

Minimum Payment       Statement Balance       Fixed Payment Amount \$ \_\_\_\_\_

I (We) hereby authorize Golden 1 Credit Union, and authorized agents servicing my (our) credit card on their behalf to initiate credit card payment debit entries from my (our) Checking account indicated above. I (we) authorize Golden 1 Credit Union to electronically credit my (our) checking account if necessary, to correct erroneous debits. I (we) acknowledge that ACH transactions will be completed in accordance with all applicable federal law(s).

This authorization is to remain in full force and effect until Golden 1 Credit Union has (1) written notification from me (us) or (2) Golden 1 terminates the agreement if two consecutive payments are returned for insufficient funds. Requests must be received in such a time and in such manner as to afford Golden 1 Credit Union a reasonable opportunity to act on it (45 calendar days). Golden 1 Credit Union may terminate this agreement at any time, with written notice sent to me (us).

## TO CANCEL AUTOMATIC TRANSFER

I (We) wish to **CANCEL** the automatic Credit Card payment program.

By signing below, I (we) agree to the above stated terms and conditions.

Signature: \_\_\_\_\_  
Primary or Joint Signature

Date: \_\_\_\_\_

### Credit Union Use Only

Branch: _____
Initial: _____
Date Received: _____