



AUTOMATIC TRANSFERS CREDIT CARD PAYMENT

Name: _____ Daytime Phone: () _____

E-mail Address: _____

Golden 1 Account Number: _____

Transfers will be made from Checking Account ONLY

Credit Card Number: _____

Effective Date: _____

I authorize Golden 1 Credit Union to make my monthly loan payments automatically; any other payments made by me are in addition to those made automatically. Should funds not be available on the agreed transfer date, the automatic payment will take place on the first transfer date the partial or full funds are available. I understand that this authorization will remain in effect until cancelled by myself.

Minimum Payment (Only option for Student Visa) Statement Balance Fixed Payment Amount \$ _____

Note: If a fixed payment amount is selected and the amount listed is not sufficient to complete the minimum payment due for the month, the complete minimum payment will be transferred, not the fixed amount.

I authorize Golden 1 Credit Union to make my monthly loan payments automatically from my Golden 1 checking account; any other payments made by me have the potential to take the place of the automatic payment depending on the payment option selected. Should funds not be available on the agreed transfer date, the automatic payment will not be attempted again and it will become the responsibility of the member to make their payment. I understand that this authorization will remain in effect until cancelled by myself, if the checking account is closed or if there are three consecutive payments returned for non-sufficient funds.

NOTE: You will receive a monthly Credit Card statement reflecting the automatic payment posting on the due date. The payment deducted from your Golden 1 checking will reflect on the second business day after the due date.

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

Signature _____ Date: _____
Primary or Joint Signature

Credit Union Use Only

Branch: _____
Initial: _____
Date Received: _____