



P.O. Box 70440  
 Washington, DC 20024-0440  
 202-366-9400 • 800-DOTTIE2  
 www.transfcu.com

<b>Staff Use Only:</b>  Processed by: _____ Date: _____
--

**AutoPay Authorization Agreement**

I would like to have my Transportation FCU credit card payment made automatically.

Name (as it appears on credit card)	Date
Member Account #	Credit Card Account Number

Please tell us from which account you would like the payment withdrawn:

Financial Institution Name	
Account #	Routing #

- Savings Account
- Checking Account (Please Attached Voided check to form. Can not be processed if check not attached.)

I want to pay (Check One):

- Fixed Amount \$ \_\_\_\_\_
- Minimum Payment
- Balance in Full (Balance will be calculated from previous month's statement.)

Payment due date will be indicated on statement. If payment date falls on a Saturday or holiday, payment will be made the next processing day.

There is no fee for this service, however, if your account has insufficient funds to make the payment, the current payment return fee will be charged to your credit card account and other fees may be assessed by your financial institution.

You may cancel this service at any time by contacting us up to 3 business days prior to the scheduled due date of the transfer. All oral notification must be followed up in writing within 14 days.

**Note: Only one cancellation will be allowed per year. This Autopay agreement will be revoked after three non-sufficient fund (NSF) transactions.**

Member Signature	Date
------------------	------



Your savings federally insured to at least \$100,000 and backed by the full faith and credit of the United States Government



Additional coverage up to \$250,000 provided by Excess Share Insurance Corporation, a licensed insurance company.