firsttechfed.com | 855.855.8805 PO Box 2100 Beaverton, OR 97075-2100





## **Credit Card Automatic Payment Authorization**

Member name Cred		Credit Card account number	
☐ New authorization ☐ Cha	ange current authorization		
Please debit my monthly payment fro	m my account listed below:		
Checking account #:	ABA #:(only for non-First Tech accour	Month to begin:	
Savings account #:	ABA #:(only for non-First Tech account	Month to begin:	
business days prior to payment date f	ext payment. You may need to make a manua or this automatic payment to go into effect. Ch hen the signed form is received by Payment Se		
Full balance payment Min	nimum Payment Fixed amount \$		
day after statement close and reocc		e a voided check to begin this service.	
we reserve the right to charge your account for payment, we refer to these payments as colle	or the amount of those items or ACH transfers and impose	o our receipt of final payment. If final payment is not received, e a return charge on your account. After we have received final ny item the Credit Union may charge such fee to your account.	
your account, return the credit and the transscheduled date. If the credit continues to be	sfer will not occur for that particular transfer date. The	or other institutions checking or savings account, we will debit transfer will not attempt to pull again until the next regularly bur ACH origination. In the event of cancellation, the only way	
	nember. The Credit Union is not liable for transfers made	balance, the final payoff amount, and the cancellation of the or any costs incurred by the member in the event that the ACH	
Please refer to the First Technology Federal Co	redit Union Membership and Account Agreement for furt	ther disclosures and information.	
For Payment Services Department	only		
Input by	Verified by		
Branch name	Member Service Rep	presentative	