

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS** 

95 Woodstown Rd Unit C Swedesboro, NJ 08085 Phone: 856-542-9241 Fax: 856-542-9235 Verified By: Date:

## **Visa Card Holder Automatic Payment Authorization**

| NAME: 1166 FCU   |  |
|--|--|
| ID NUMBER: XXXXXXXX  |  |
|  |  |
|  |  |
| l (we),  | hereby authorize 1166 FCU herein called, Credit Union, to  |
| initiate debit entries to my (our):  |  |
| SHARE DRAFT (CHECKING) ACCOUNT:  | OR SHARE ACCOUNT (SAVINGS) ACCOUNT:  |
| Indicated below and the depository named be  | elow, herein after called Depository, to debit the same to such account.   |
| DEPOSITORY NAME: 1166 FCU  | ADDRESS: 95 Woodstown Rd Unit C Swedesboro, NJ 08085   |
| TRANSIT/ ABA #   | ACCOUNT NUMBER   |
|  |  |
| Th   | and the standard and an another the  |
| The amount of the payment for my credit ca   | <del>.</del>   |
| THE MINIMUM PAYMENT THE TOTAL AMOUNT DUE   | (\$)   |
|  |  |
| FIXED AMOUNT GREATER THAN THE MINIMU   | JM (\$)  |
|  |  |
|  |  |
| The authority is to remain in full force and effe  | ect until I (we) provide the Credit Union and Depository with a written  |
|  | ect until I (we) provide the Credit Union and Depository with a written de or that the periodic payments be terminated. I (we) must provide  |
| authorization requesting that a change be ma   | de or that the periodic payments be terminated. I (we) must provide  |
| authorization requesting that a change be ma<br>in written authorization as to change or termin  | de or that the periodic payments be terminated. I (we) must provide nation so that it is received by the Credit Union and the Depository at  |
| authorization requesting that a change be ma<br>in written authorization as to change or termination<br>least 30 days prior to any change or termination   | de or that the periodic payments be terminated. I (we) must provide nation so that it is received by the Credit Union and the Depository at on requested.  |
| authorization requesting that a change be ma<br>in written authorization as to change or termin<br>least 30 days prior to any change or termination<br>I (we) understand and agree that in order for the   | de or that the periodic payments be terminated. I (we) must provide nation so that it is received by the Credit Union and the Depository at on requested.  The Credit Union and Depository to make payment requested in this   |
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Please keep these instructions for future use.
Any further questions: Please contact 1166 FCU at (856) 542-9241
or visit our website <a href="https://www.1166fcu.org">www.1166fcu.org</a>

**Security Warning:** Unencrypted email is not safe or secure. Sending private information through open sources is never advisable. Please keep this in mind when deciding what information you need to communicate to 1166 FCU. "Secure Mail Service" is available by clicking on the "Contact Us" button located within the It's Me 247 Online Banking platform.