



Credit Card Pre-Authorized Payments

I/We do hereby authorize the Loudoun Credit Union to initiate withdrawals from the account indicated below to pay my/our credit card account #_____.

I/We agree that your rights in respect to each withdrawal shall be the same as if it were a check drawn on my/our account and personally signed by either of us and that you shall be fully protected in honoring such a withdrawal. I/We further agree that if any such withdrawal is dishonored with cause, the Credit Union shall under no liability whatsoever if such dishonor results in late charges or revocation of my/our card.

Please withdrawal from Account: _____

(Please Circle) Checking or Savings

Name(s) on Account: _____

Please attach a voided draft or deposit slip.

The amount of payment for my/our credit card to be deducted monthly is (check one):

_____ The minimum payment (2% of the balance due).

_____ The total unpaid balance.

_____ A fixed amount greater than the minimum payment or 2% of the balance, whichever is greater. The fixed amount to be withdrawn monthly is \$_____

This authorization is to remain in effect until Loudoun Credit Union has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Loudoun Credit Union a reasonable opportunity to act on it.

Signature

Date

Signature

Date