

VISA Auto Transfer/Direct Debit (ACH) Payment Request

By completing this form you agree to the following:

I agree that the credit union's right in respect to each withdrawal shall be the same as if it were a check drawn on my account and personally signed by me and that the credit union shall be fully protected in honoring such a withdrawal. I further agree that if any such withdrawal is dishonored, with cause, this credit union shall be under no liability whatsoever if such dishonor results in <u>late charges</u> on my VISA account.

This authorization will remain in effect until the credit union has received written notification of my desire to terminate this agreement, in such time as to afford the credit union a reasonable opportunity to stop the automatic withdrawal.

Name:	Card #:	
Payment Amount to Transfer Mo	onthly	
Minimum Payment	Total Unpaid Balance	Fixed Amount*
Fixed Amount*		
*Greater than minimum payment	(Write out exact dollar and cents)
Option 1: Payment from RadiFi Account		
Start Auto Transfer	Stop Auto Transfer	Change Auto Transfer
I hereby authorize RadiFi Federa (Saving ID	al Credit Union to initiate withdra or Checking ID) to pay my	wals from my account number y RadiFi Credit Union VISA card.
Option 2: Payment from Another Financial Institution		
Start Direct Debit	Stop Direct Debit	Change Direct Debit
I hereby authorize RadiFi Credit Union to initiate monthly withdrawals from my account at the below referenced financial institution to pay my RadiFi Credit Union VISA card.		
Name of Financial Institution:		
Account Number:		
Routing Number (ABA#):		
Account Type:	Saving	Checking
Member Signature		Date
and a signature	Daytime Phone Number:	
	RadiFi Account:	
RADIFI Use Only:	Request received: In Person By Ph	one By Email
Associate Taking Request:	ī.	Date:
Associate Completing Set-Up:	[Date: