



Authorization for automatic credit card payments

I authorize Community Choice Credit Union to initiate withdrawals from my:

- Savings account Checking account

Routing number Account number
(If CCCU Account, 13 digit format)

Sixteen Digit VISA Account Number

The amount of the payment to be deducted for my Visa® account is:

- The minimum payment
- Statement balance
- Fixed amount greater than the minimum payment \$ _____

Cancel my automatic payment

This authority is to remain in full force and effect until Community Choice Credit Union has received written notification from me of its termination. **I must provide written authorization of change or termination to Community Choice Credit Union at least 30 days prior to any change or termination.**

I understand and agree that payments requested in this authorization form require the payment amount to available in the above referenced account.

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

Signature Date