

Credit Card Convenience Payment

I(We) hereby authorize DUPONT COMMUNITY CREDIT UNION, to automatically deduct each month my (our) credit card payment from my(our) DCCU account on the payment due date. I(We) are aware that we are responsible for the payment that is due at the time we initiate this request. I(We) have been informed that we are not eligible for Skip-A-Payments on this Credit Card while we are utilizing the Credit Card Convenience Payment.

New

Modify

Terminate

Name: _____

Address: _____

City/State/Zip: _____

Credit Card Type: MasterCard Rewards MasterCard Cash Back

Card Number: _____

Account Number: _____
(where the funds are to come from)

Savings - S0 only Checking

Select one:

Minimum Payment Due:

Last statement balance MINUS any payments already applied

\$ _____ each month

Due Date Payment to Begin Deduction from Account _____

This authorization is to remain in full effect until written notification is received of changes or termination. I also understand that DCCU may terminate my Convenience Pay at any time without prior notice.

Member Signature

Date

Teller #:

FOR CREDIT UNION USE ONLY

Start Date: _____

Date Received: _____

DCCU Internal Use Only: This is an Actionable Form. Helpdesk Ticket via Lead Form is required for proper processing and routing

Member Affecting
Support Area = Cards, Checks, ACH, Wires
Issue = Debit/Prepaid/Credit Cards