

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: _____

Credit Card Type: _____MasterCard Platinum _____VISA Platinum

Card Number: _____

Account Number: _____

(Where the funds are to come from)

_____ Savings - SO 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 anytime without prior notice.

Member Signature

Date

FOR CREDIT UNION USE ONLY

Start Date: _____

Teller #: _____

Date Received: _____