



CREDIT CARD AUTOMATIC PAYMENT SET-UP/CHANGE AUTHORIZATION AND AGREEMENT

Please Note: This authorization and agreement form should be used if you wish to have funds deducted from your financial institution to pay your SECU credit card account. If you want funds deducted from your SECU account to pay your SECU credit card, please login to Online Banking to set up a recurring transfer or contact Member Services at 800-879-7328/410-487-7328 or visit any branch.

Instructions: Please complete the Authorization form below and print two copies. Sign both copies, keep one for your records and return the other to us by: **Fax:** 855-775-2575 or **Email:** CCSERVICING@cuopscenter.org

Check One: **New Automatic Payment – Set-Up**

Existing Automatic Payment – Change Financial Institution Information

Credit Card Account with SECU (“Transfer To”):	
Member Name:	Credit Card Account Number:
Email Address:	Phone Number:

Financial Institution Information (“Transfer From”):	
Type of Account: <input type="checkbox"/> Checking Account * <input type="checkbox"/> Savings Account	
<small>*Please include a voided check or account verification letter on institution letterhead</small>	
Account Owner Name:	Financial Institution Name:
Account #:	ABA Routing Number:

Payment Amount:
<input type="checkbox"/> Automatic Payment for the minimum amount due.
<input type="checkbox"/> Automatic Payment for the full balance due appearing on the current statement.
Note: Please allow 1-2 billing cycles for this change to take effect.

By signing below, you certify that you are the owner of the account being debited. In addition, by signing below you acknowledge that you have authorized the above request and agree to the terms and conditions set forth on page 2.

Signature

Date



PLEASE READ THE AGREEMENT BELOW. BY SIGNING THE AUTHORIZATION ON PAGE 1 YOU ACKNOWLEDGE THAT YOU HAVE READ AND AGREE TO THE TERMS AND CONDITIONS OF THIS AGREEMENT.

Automatic Payment Agreement: This form authorizes SECU to set up or change your existing automatic payment Agreement through the Automated Clearing House (ACH) system. By signing this, you authorize SECU to withdraw payments from the deposit account of the financial institution you provided us on page 1 and apply them as payments to your SECU Credit Card account. This Agreement replaces any prior automatic payment authorizations you may have provided. If this is a new authorization, keep making your monthly payments until the automatic payments begin. If this is a change to an existing authorization, we will continue to draw on the existing authorization until the date we begin taking your monthly payment under this authorization.

Additional Information: (1) The deductions we make from your financial institution's account will be applied as payments to your SECU credit card each month in the amount specified on page 1 and on the due date of your billing cycle. (2) Your Amount Due will vary based on the outstanding balance due per the terms detailed in your Credit Card Terms and Agreements. You will receive the Amount Due in your monthly biller. (3) If a due date falls on the 29th, 30th, or 31st of a month and that date does not occur in that month, the due date will be adjusted to the last day of that month. (4) If your due date falls on a weekend or a holiday, we will deduct your payment the next business day (Business days are Monday through Friday, excluding federal holidays). (5) SECU makes one attempt to obtain the payment. If the funds are not available in your account, you are responsible for making your monthly payment on your own. (6) Your account must be current to enroll in automatic payments. (7) Automatic payments from another financial institution can only be withdrawn on a monthly basis. (8) Automatic payments from another financial institution cannot be set up on personal or home equity lines of credit. (9) We may bill you separately for certain fees or charges on your SECU credit card account. (10) This Agreement will only be in effect if you have a balance on your account.

Returns: If your financial institution sends us a returned payment for whatever reason, SECU may reverse the payment made to the account and you will be responsible for any late fees, returned payment fees, and/or additional interest. If a deduction causes an overdraft of your financial institution's account, your financial institution may assess an overdraft fee or refuse to honor withdrawals. If your financial institution returns more than one automatic payment, SECU has the right to terminate this Agreement and future automatic payments. Failure to exercise this right is not a waiver of the ability to do so at a later time.

Cancellation/Termination: You may cancel this authorization at any time by notifying SECU at least 5 business days prior to the date that you would like the cancellation to be effective. You can cancel by visiting secumd.org or by contacting Member Services at 800-879-7328/410-487-7328. You can also visit any branch location.