

ACH Payment Authorization: Security Service Credit Card



Member Information (Please Print)

Requesting Member: _____ Phone: _____
Credit Card: _____

Action (Check only one box)

- Add
- Change
- Cancel

Transaction Information

- Pay the **MINIMUM** payment due
- Pay the **TOTAL** statement balance
- Pay the SET amount of \$ _____
(If this amount does not satisfy your minimum payment due, the account will be placed in delinquent status)

SSFCU Account to be Debited each month (Please print and check only one box)

SSFCU Account Number: _____
Account Type: Checking Savings

External Account to be Debited each month (Please print and check only one box) Attach Voided Check/Deposit Slip

Institution Name: _____
Routing Number: _____
Account Number: _____
Account Type: Checking Savings

Additional Information

I/We understand the credit card automatic payment will be withdrawn from my Consumer Checking or Savings account 25 days after the closing date on my credit card statement. I also understand that I must allow at least **(10) ten business days** from the date SSFCU receives this signed ACH Payment Authorization form, along with a voided check or deposit slip, for initial set-up of the ACH information. If a voided check or deposit slip is not enclosed, the authorization may be returned and processing delayed. This timeline will also apply for changes or cancellations.

All transactions must comply with provisions of the U.S. Law. My/Our loan account will remain subject to its individual terms and conditions, which are not modified by this authorization. I/We understand that this authorization will remain in full force and in effect until the termination date or until SSFCU has received written notification from me (or either of us) of its termination in such time and such manner as to afford SSFCU a reasonable opportunity to act upon it. I/We understand that a fee will be assessed for all returned forms of payment and will be charged to my/our credit card account.

Authorized Account Signers

I/We authorize Security Service Federal Credit Union (SSFCU) to debit my/our account on the payment date indicated above or to change/cancel my ACH Payment Authorization from the account identified above.

Signature: _____ Date: _____
Signature: _____ Date: _____

Please send form to:
Security Service Federal Credit Union, P.O. Box 691550, San Antonio, Texas 78269 • FAX (210) 476-4651
Please retain a copy of this ACH Authorization for your records.