

Credit Card Authorization Agreement For Pre-Authorized Payments

I (we) hereby authorize Houston Texas Fire Fighters Federal Credit Union to initiate debit (withdrawal) entries to my (our) account as indicated below for payment to my (our) credit card account #: _____

Depository Institution: _____

Transit/ABA #: _____ Effective Date: _____

Member Account #: _____ Checking Savings

Name(s) on Account: _____

The amount of the payment for my (our) credit card to be deducted monthly is:

The minimum payment The total unpaid balance A fixed amount greater than the minimum:
_____ Modified minimum payment Percentage of payment

*Note: Unless you choose **Modified minimum payment**, the authorized payment will continue to be deducted regardless of any additional payments made manually. If you wish for your payment to be deducted from your HTFFFCU account, the ABA routing number is 313083714.*

This authority is to remain in full force and effect until I (we) provide Houston Texas Fire Fighters FCU with a written authorization requesting that a change be made or that the periodic payments be terminated.

I (we) understand that this agreement is terminated if my card is closed for any reason, including lost/stolen or compromised cards and I will have to submit a new agreement for the new card. I (we) understand and agree that in order for Houston Teas Fire Fighters FCU to make payments requested in this Authorization form, I (we) must have the payment amount available in my (our) account. I (we) understand that my payment will be debited from my savings/checking account up to 11 calendar days before the due date.

I (we) understand that pre-authorized payments require 60 to 90 days for processing, and I am responsible for submitting my payment during this processing time. I (we) understand that a notice indicating the date the payment will be debited from our savings/checking account will be provided on our prior month's credit card statement. I (we) further understand and agree that Houston Texas Fire Fighters FCU shall not be responsible for any act or failure to act on their part, except in the case of gross negligence or willful misconduct. Furthermore, I (we) agree to hold Houston Texas Fire Fighters FCU harmless from any claims, liabilities, attorney's fees and other costs and expenses of any and every kind and nature which may be incurred by them by reason of their performance under this authorization form.

Signature: _____ Date: _____

Signature: _____ Date: _____

FOR CREDIT UNION USE ONLY

Accepted By: _____ Date: _____

Processed By: _____ Date: _____



Houston Texas Fire Fighters
Federal Credit Union

Updated 4/24