

You have the option to make your CEFCU Platinum MasterCard® payments automatically from your checking or savings account, at any financial institution.

COMPLETE, SIGN & RETURN

Authorization Agreement for Preauthorized Payment

I authorize Caltech Employees Federal Credit Union (CEFCU) to initiate payments from my checking/savings account to be credited to my CEFCU MasterCard® account.

NAME (PLEASE PRINT): _____

CEFCU MasterCard Number: XXXX - XXX ____ - ____ - ____ - ____

CHOOSE ONE:

Take payment from CEFCU account number: _____

Take payment from account at: _____
(NAME OF FINANCIAL INSTITUTION)

Financial Institution's Routing Number ____ - ____ - ____ - ____ - ____

Account # _____ Checking Savings

The amount of the payment for my credit card to be deducted approximately 25 days after the closing of the statement is: (CHECK ONE)

Minimum Payment ^{1/5}

Fixed Payment Amount \$ _____ (Amount must satisfy minimum monthly payment) ^{J/K}

Fixed Payment Amount (less any credit applied) \$ _____ (Amount must satisfy minimum monthly payment) ^{V/W}

Total Amount Due ^{4/7}

Please cancel my preauthorized payments

Mail to: Attn: Electronic Services
CEFCU
P.O. Box 11001
La Cañada Flintridge, CA 91012-6001
Fax to: (818)949-5925

This authorization is to remain in full force and effect until I provide CEFCU with a written authorization requesting that a change be made or that payments be terminated. Written notification must be received by CEFCU at least 30 days prior to any change or termination becoming effected.

I understand that it is my total responsibility to have funds available in the above account on the business day BEFORE the transfer date. If funds are not available for the transfer, CEFCU is NOT responsible for any penalties or fees that I may incur. Refer to our Platinum MasterCard® Credit Card Disclosure.

I further understand and agree the Credit Union 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 agree to hold CEFCU harmless from any claims, liabilities, attorney's fees and other cost and expenses of any and every kind and nature which may be incurred by them by reason of their performance under this authorization form.

Please note: Two (2) returned payments within a 6-month period will result in the cancellation of preauthorized payments.

Easy & secure online access to your CEFCU MasterCard®!

- Check your current balance
- View recent transactions
- Elect and view eStatements
- Make payments
- Submit Travel Notifications
- Request Balance Transfers
- Set-up/Modify Auto Pay (recurring)
- Schedule one-time payments

SIGNATURE X _____

DATE _____