Pentagon Federal Credit Union

Member N	lo.		

AUTHORIZATION FOR AUTOMATIC CREDIT CARD PAYMENT DEDUCTION FROM ANOTHER PFCU ACCOUNT

nated below each month for payment to my PFCU creprovided there are sufficient funds available to make payments will be credited to my credit card account my PFCU share account within five days after the bill my credit card account cited above. If sufficient fundabelow, the payments to my credit card account will be	edit card account number, e payment at the time of presentment. I understand that on the billing cycle closing date and will be deducted from ling cycle closing date (the last day of the billing period) of s are not available to make the entire payment designated e reversed and I will be held liable for any finance charges nent within the grace period as set forth in my Cardholder		
Agreement with PFCU. Automatic deduction is to be			
Regular Share Account No.	01		
PenCheck Account No.	02		
Money Market Share Account No.	03		
	signated account in the following manner (check one box account as of the billing cycle closing date. Any additional and the next billing cycle.		
Minimum Payment Due	(This is defined in my Cardholder Agreement and Disclosure Statement.)		
on the cycle closing date will be applied to my c	minimum payment due, excluding any overlimit amounts, redit card account. (Overlimit amounts should be paid designated account within five days after the billing cycle		
Full Payment Due			
	off the last billed balance minus any cycle-to-date credits unt. The payment will be deducted from my designated date.		
Designated Recurring Payment	of \$		
the billing cycle closing date. In the event the minimu	educted from my designated account within five days after um payment due exceeds the above amount, the minimum rement balance be less than the above amount, only the		
This agreement may be cancelled by either party upo	on written notice.		
my account payments in accordance with the	nyment deduction, I am voluntarily agreeing to make se instructions. My automatic credit card account ntil I send PFCU written instructions to terminate it.		
(Member's Signature)	(Date)		
Send this completed form to:			

Pentagon Federal Credit Union Attention: Credit Card Dept. PO Box 70046

Eugene, OR 97401 Fax #: 1-800-278-2212