



6061 W Interstate 10
San Antonio, TX 78201
210-258-1234
CreditHuman.com

TAKE THESE EASY STEPS!

1. Complete the Automatic Payment Form
2. Enclose a voided check
3. Keep a copy of the Automatic Payment Form for your records
4. Mail this form to: Payment Systems, P.O Box 1356, San Antonio, Texas 78295-1356

Authorization Agreement for Automatic Payments

1. AUTOMATIC DEBIT. I hereby authorize Credit Human Federal Credit Union to automatically deduct the payment I owe to Credit Human, from the account at the financial institution on the date(s) indicated in this Agreement. Credit Human is hereby authorized to initiate any credit entries or adjustments, if necessary, to the account. I authorize the financial institution in this Agreement to accept any such entries to the account.

2. VOLUNTARY. This agreement is totally voluntary, and I am not required to enter this agreement in order to maintain my account or debt with Credit Human.

3. AMOUNT. If the final loan payment is less than the authorized amount, you authorize Credit Human to reduce the debit amount.

4. AVAILABILITY OF FUNDS. I agree to ensure that there is sufficient balance in my account to pay all regularly scheduled payments on the day(s) of each month indicated in this agreement.

5. CANCELLATION. Either Credit Human or I may cancel this agreement at any time by notifying the other party in writing more than two weeks in advance of the date of cancellation. After three consecutive unsuccessful attempts to withdraw, this Agreement will cancel.

6. FEE. When a pre-authorized payment is presented and returned unpaid, a \$25.00 fee will be assessed, if applicable.

7. INFORMATION. Electronic funds transfer information can be found in the "Electronic Funds Transfer Agreement and Disclosure".

8. CREDIT HUMAN INFORMATION. Please keep a copy of this authorization agreement for your records. A copy of this authorization agreement may be requested from Credit Human.

Visit our Web site at: www.CreditHuman.com

If you have any questions, please call our Member Service Center at (210) 258-1234

Thank you for choosing Credit Human!

Federally insured by NCUA

Please attach a voided check to this form. Thank You

DATE: _____

FINANCIAL INSTITUTION NAME (From which payment will be deducted.)*

ADDRESS: _____

BANK ROUTING # _____

ACCOUNT NUMBER: _____

TYPE OF ACCOUNT: CHECKING SAVINGS

AUTHORIZED SIGNER (For Account Above)

PLEASE PRINT NAME: _____

SIGNATURE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE _____ **OTHER PHONE** _____
(____) _____ (____) _____

AMOUNT TO DEDUCT: **

Please check the payment amount to be deducted.

1. Minimum loan payment. *** Payment to be made on the _____ of each month.
2. \$ _____ Fill in preferred monthly payment amount. Payment to be made on the _____ of each month.
3. \$ _____ Fill in bi-weekly payment amount. **** Payments to be made every two weeks starting _____.

(Credit card payments will be made for the amount and date indicated. Please see your credit card statement.)

FIRST PAYMENT TO BEGIN ON THIS DATE: _____

(Request must be received 5 business days prior to payment date.)

MEMBER # _____

LOAN/CREDIT CARD # _____

* Funds may be withdrawn from any financial institution in the United States.

**Line of Credit loans can accept only a minimum payment of at least 3% of the loan amount, but not less than \$10 plus any late payment fee or over-the-credit-limit fee.

*** Minimum credit card payment does not include over-the-credit-limit fee or other fees.

**** Amount must equal to at least half of the monthly payment or more. Payment must begin two weeks **before** due date in order for payment to be processed timely.