



NY TEAM Federal Credit Union
65 Broadway
Hicksville, NY 11801

MASTERCARD AUTO PAY APPLICATION

I hereby authorize NY TEAM Federal Credit Union to initiate withdrawals from the account number below to pay my MasterCard account number
(classic) _____ (platinum) _____
542256833 _____ **549128833** _____

I agree that NY TEAM Federal Credit Unions rights in respect to each withdrawal shall be the same as if it were a check drawn on my account and personally signed by me and that you shall be fully protected in honoring such a withdrawal. I further agree that if any such withdrawal is dishonored with cause, the Credit Union shall be under no liability whatsoever if such dishonor results in late charges or revocation of my card.

Please withdraw from Credit Union account number _____.
Please withdraw from Financial Institution account number _____.
Financial Institution routing and transit number _____.

Draft/Checking Share/Savings

Name on account: _____
(please print)

The amount of payment for my credit card to be deducted **15** days from the statement date is [check one]

- _____ The minimum payment or 3% of the balance, whichever is greater.
- _____ The total unpaid balance.
- _____ A fixed amount greater than the minimum or 3% of the balance, whichever is greater. The fixed amount to be withdrawn monthly is \$_____.
- _____ Cancel

This authority is to remain in full force and effect until the Credit Union has received written notification from me of its termination in such time and in such manner as to afford the Credit Union a reasonable opportunity to act on it.

Please see NY TEAM Federal Credit Union's fee brochure for any fees pertaining to my MasterCard Account.

Signature **Date**

For Credit Union Use Only

Accepted/Processed By Date