

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 Union's 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 **25** 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 The fixed amount to be withdrawn monthly is \$\_\_\_\_\_.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 MasterCard Account.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

---

**For Credit Union Use Only**

\_\_\_\_\_  
Accepted/Processed By

\_\_\_\_\_  
Date

**\*Please be advised, this may take 1 full billing cycle to take effect\***

**Rev 06-09**