Wright-Patt CREDIT UNION, INC.®

WPCU® Credit Card Automatic Payment Form

Name:
Address:
WPCU Account #:

COMPLETE SECTIONS A, B, AND C BELOW:

SECTION A

I would like to (*Check One*):

~ Create a New Recurring Credit Card Automatic Payment

~ Modify an Existing Recurring Credit Card Automatic Payment

~ Cancel/Discontinue/Revoke a Recurring Credit Card Automatic Payment
Date Last Transaction is to take place ~_____ (Skip to Back of the Page to Sign & Date)

SECTION B

I would like to set up a Recurring Automatic Payment to (*Check One*):

~ Pay the Minimum Amount Owed on my WPCU Credit Card ending in (last 4 digits of card #) ~ _____

~ Pay the Full Statement Balance Owed on my WPCU Credit Card ending in (last 4 digits of card #) ~ _____

~ Pay Set Payment Amount* of $~ _____ on my WPCU Credit Card ending in (last 4 digits of card #) ~_____

(*Disclaimer: If the Set Payment Amount does not satisfy the Minimum Payment Owed, the Minimum Payment Owed will be withdrawn from your account below and applied to your WPCU Credit Card. If the amount specified is greater than the Last Statement Balance, the withdrawal will be for the amount of the Last Statement Balance.)

Month and Year of First Recurring Auto Payment: ~_____

If your Payment Due Date falls on a weekend or holiday, your payment WILL NOT post to the account on the weekend or holiday. The payment will be processed on the next business day, but will be effective dated for the Payment Due Date.

You understand in order to stop the preauthorized transfer(s), WPCU must be notified orally or in writing at least three business days prior to the scheduled date of the transfer. You also understand that if you make an oral request, WPCU may also require you to put your request in writing and return it to WPCU within 14 days of the oral request. If you wish to cancel this request, please call us at (937) 912-7000 or (800) 762-0047 or TTY (800) 750-0750 or in writing by mail to P.O. Box 340134, Beavercreek, Ohio 45434-0134.

SECTION C

A financial institution can be a bank, credit union, or savings & loan. Please check with your financial institution to verify that your account is able to accept ACH transactions.

Name of Financial Institution: ~ _____

ABA Routing Number (must be nine digits): ~_____

Account Holder Name(s): ~ _____

Account Number: ~_____

Account Type: ~_____ (Savings, Checking)

RECURRING ACH ORIGINATION AUTHORIZATION

Please carefully read this form and ensure the information provided by you is accurate. You accept full responsibility for the information provided herein.

You authorize Wright-Patt Credit Union, Inc. ("WPCU") to initiate credit/debit entries (and/or corrections to the previous entries) from or to the account(s) indicated above. This authority will remain in full force and effect until you give WPCU oral or written notification of termination in such manner as to allow WPCU reasonable opportunity to act on it. This ACH Authorization is agreed to and accepted by you subject to the additional terms and conditions of your Credit Line Account Agreement and Disclosure.

Member Signature ~_____ Date ~_____