



Automatic Credit Card Payment Form

Please read carefully:

I am requesting The Tennessee Credit Union to transfer funds from my Credit Union account as payment to my Credit Card. I understand that my payment will post to my credit card on the 2nd of each month. Several days later the funds will be transferred from my designated account.

I also understand that if the funds are not in my account or cannot be covered by my overdraft option in time for the automatic payment, it will be my responsibility to make the payment by some other means.

Name _____ Account # _____ SS# _____

Credit Card Account Number _____

Address _____

City _____ State _____ Zip-code _____

X _____ X _____
Signature Effective Date

AUTOMATIC PAYMENTS WILL POST ONLY ON THE STATEMENT DUE DATE

Please deduct my payment from: ___ Regular shares ___ TTCU Draft Account

➤ Please select from the following payment options

___ Pay the minimum payment amount only

___ Pay balance in full statement balance minus any cycle-to-date payments/credits

___ Pay a designated amount of \$ _____ each month. Must be more than minimum payment due.

➤ Make the following changes per my request.

___ Change my designated payment amount to \$ _____ each month

___ Stop Auto Pay as of the next payment due date

Official use only ---TO BE COMPLETED BY EMPLOYEE SETTING UP THE AUTO PAY

Employee taking request: _____ E-Operations Employee and Date: _____