



AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Member Name:

CU Account Number:

Visa Account Number:

Today's Date:

I (we) authorize People Driven Credit Union (PDCU) to initiate debit (withdrawal) entries to my (our):

- Checking (Share Draft) Account
- Savings Account

The amount of the payment for my (our) Visa card to be deducted monthly is (check one):

- The minimum payment
- The total balance due
- A fixed amount greater than the minimum, automatically adjusted to the minimum payment due, or the full balance if it is less than the fixed payment.

If the fixed payment option was checked, the amount to be deducted monthly is:

\$ _____ or _____ (write out amount) dollars.

Applicant's Signature: _____ Date: _____

Joint Applicant's Signature: _____ Date: _____

DO NOT MAIL WITH YOUR PAYMENT.

RETURN DIRECTLY TO:

**People Driven Credit Union
24333 Lahser Rd
Southfield, MI 48033**

This authority is to remain in full force and in effect until I (we) provide People Drive Credit Union (PDCU) with a written authorization requesting that a change be made or that the periodic payments be terminated. I (we) must provide this written authorization so that it is received by PDCU at least 30 days prior to any change or termination requested.

I (we) understand and agree that in order for PDCU to make payments requested in the authorization form, I (we) must have the payment available in my (our) account. In the event funds are not available, PDCU may assess charges against my (our) account.

I (we) further understand and agree that PDCU shall not be responsible for any act or failure to act on their part, except in the case of negligence or willful misconduct. Furthermore, I (we) agree to hold PDCU harmless from claims, liabilities, attorney's fee and other costs and expenses of any and every kind of nature which may be incurred by them by reason of their performance under this authorization form.