



Credit Card AutoPay Authorization Agreement

Use this form to setup an automatic payment to your Wings Financial Credit Card from a checking or savings account.

Allow one full statement cycle for AutoPay to take effect. AutoPay transactions will be withdrawn from your account monthly, within four business days after the payment due date. A fee will be assessed to your credit card if there are insufficient funds to make your payment. **Your credit card account must be current to initiate debit entries.**

Name on Credit Card _____ Wings ID _____

Credit Card Number _____

Transfer Amount: Unpaid billed minimum payment due
 Fixed amount (equal to or greater than the minimum payment due) _____
 Full statement balance

I hereby authorize Wings Financial Credit Union to initiate an ACH debit from the following account:

Name on Account _____

Name of Financial Institution _____

Routing Number _____

Account Number _____ Checking or Savings

A VOIDED check or savings verification is REQUIRED if the above named account is not held at Wings Financial.

I want to Cancel AutoPay (sign and date below).

I (we) understand and agree that in order for Wings Financial Credit Union to make payments requested in the Authorization Form, I (we) must have the payment amount available in my (our) account, or my (our) account may be assessed a fee. I (we) further understand that Wings Financial shall not be responsible for any act or failure to act on their part, except in the case of gross negligence or willful misconduct. Furthermore, I (we) agree to hold Wings Financial harmless from any claims, liabilities, attorney's fees and other costs and expenses of any and every kind and nature which may be incurred by them by any reason of their performance under this Authorization Form. This authority is to remain in full force and effective until I (we) provide Wings Financial with a written authorization requesting that a change be made to my Autopay agreement. I (we) further understand that my Autopay Authorization Agreement may be cancelled by Wings Financial Credit Union at their discretion at any time, without further notice.

Signature of Credit Card Owner

Date

Signature of Account Owner Being Debited (if different than above)

Date

Signature of account owner being debited will need notarization if payment is being initiated from a Financial other than Wings Financial.

Signature Notarization

State of _____

County of _____

Subscribed and sworn to before me this
_____ day of _____ 20____

Signature of Notary Public

Return completed form to: Wings Financial Credit Union – Payment Systems, 14985 Glazier Ave, Ste. 100, Apple Valley, MN 55124

Fax: 952-997-8208 ****If mailing this form to the credit union, please do not send payment with it.**

CU Use Only: Forward to Credit Cards – AutoPay Setup/Cancelled by Teller # _____ Date _____