

Cardholder Authorization Form



Agreement For Preauthorized Payments

Credit Union Name: **1st Advantage Federal Credit Union**
12891 Jefferson Avenue
Newport News, Virginia 23608

ABA/Transit ID: 251480563

I authorize 1st Advantage Federal Credit Union to initiate debit entries from my:

Financial Institution name: _____

Savings Account Checking Account

Full Account Number: _____

Routing Number for non-1st Advantage account: _____ *It is recommended to provide a voided check*

for payment to my credit card: _____

Please debit my account on: due date/9th of the month

designated date: _____

Please pay:

Minimum Payment Due

Entire Statement Balance

Fixed Payment \$ _____

The cardholder is responsible for any payments currently due. The first payment will not be debited until the following month.

This authority is to remain in full force and effect until I (we) provide 1st Advantage Federal Credit Union with a written authorization requesting that a change be made or that the periodic payments be terminated. I (we) must provide this written authorization as to change or termination so that 1st Advantage Federal Credit Union receives it at least 30 days prior to any change or termination requested.

I (we) understand and agree that for 1st Advantage Federal Credit Union to make any payments requested in this Authorization Form, I (we) must have the payment amount available in my (our) account.

I (we) further understand and agree that 1st Advantage Federal Credit Union 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 1st Advantage Federal Credit Union harmless from any claims, liabilities, attorney's fee and other cost and expenses of any and every kind and nature which may be incurred by reason of their performance under this Authorization Form.

Member Name (Print):

Signature:

Date