



## CREDIT CARD AUTOPAY REQUEST (ACH Debit Authorization)

Cardholder Name (please print): \_\_\_\_\_ Member Number: \_\_\_\_\_

Credit Card # (last 8 digits): \_\_\_\_\_  Platinum Rewards  Signature Cash Rewards

I hereby authorize the PSCU Financial Services, on behalf of the Hawaii State Federal Credit Union (HSFCU), to initiate debit entries to my (select type below) account.

| <input checked="" type="checkbox"/> | Select One  | Account Number |
|-------------------------------------|---|----------------|
|                                     | Share Draft (Checking) Account                                    |                |
|                                     | Regular Share (Savings) Account*<br>(trust accounts not eligible) |                |

*\*Limitations for transfers from Regular Share Accounts may apply. For Regular Share accounts, you may make up to six (6) transfers per account to another account of yours or to a third party during any calendar month. Of these six, you may make no more than three (3) transfers payable to a third party by check. A preauthorized transfer includes any arrangement with us to pay a third party from your account upon oral or written orders including orders received through the ACH. If the number of allowable preauthorized transfers has already been performed for the month, the credit union will not process the credit card payment for that month.*

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. If at any time I decide to discontinue AutoPay, I will provide written notification to HSFCU in such time and in such manner as to afford HSFCU a reasonable opportunity to act on it.

Payment Options (please select one):

| <input checked="" type="checkbox"/> | Select One  |
|-------------------------------------|---|
|                                     | The entire "new balance" owed each month.   |
|                                     | Only the required "total minimum payment due".  |
|                                     | Fixed payment of \$ _____ (enter amount).<br><i>If the fixed payment amount entered above is less than the required minimum payment due on any credit card bill, the minimum payment amount will be deducted.</i> |

I understand and agree that in order for HSFCU to make any such debit entries requested in this authorization, I must have the payment amount available in my account. If the funds are not available in my account, the credit union reserves the right to dishonor any payment, and impose a Non-Sufficient Funds (NSF) fee to my account. I further agree that if any such withdrawal is dishonored with cause the credit union shall not be liable for any resulting late charges, finance charges, or revocation of my credit card.

I also understand that if I make any payment over-the-counter or by mail after the due date, the authorized scheduled payment amount from my account may still be deducted. I further understand that if I request any payment adjustment on my credit card account the credit union has the right to deny my request if the adjustment adversely affects future scheduled payment amounts.

This authorization may be revoked by providing notification in the manner specified above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE: Please be sure to continue making your monthly credit card payments until your statement confirms that AutoPay has been activated.**

| Credit Union Use Only |           |          |       |
|-----------------------|-----------|----------|-------|
| Prepared by:          | Teller #: | Phone #: | Date: |

| Card Services Dept. Use Only |                |            |              |
|------------------------------|----------------|------------|--------------|
| Processed by                 | Date Processed | Audited by | Date Audited |
|                              |                |            |              |