Hughes Federal Credit Union
PO Box 11900 | Tucson, Arizona 85734-1900

PO Box 11900
Tucson AZ 85734-1900
520-794-8341 voice
520-806-3136 fax
www.hughesfcu.org

PLEASE CHECK APPLICABLE BOX

☐ New Setup ☐ Change Account Nummber ☐ Change Amount ☐ Terminate

Credit Card Automatic Payment Authorization

Authorization for Pre-Authorized Payments

I hereby authorize Hughes Federal Credit Union to initiate debit entries from my Checking or Savings account to be credited to my Hughes Federal Credit Union Visa Credit Card account(s), as selected by me. This authorization is in accordance with the NACHA Operating Rules, which require that I provide a clear and understandable authorization for these debit entries.

Name as it appears on your card _____ Credit Card Account Number _____ Phone _____

Account Number _____

☐ Checking Account
☐ Main Share Savings Account

☐ Pay Minimum Due
☐ Full Statement Balance
☐ Current Balance
☐ Fixed Payment Amount _____

Other Financial Institution Information

FI Name: _____

Account Number: _____

Routing Number: _____

☐ Checking Account
☐ Savings Account

Auto pay will go into effect next statement cycle, please arrange for payment to be paid through a different manner for upcoming payment. Payments for my credit card will be deducted no earlier than my payment due date as reflected on my credit card statement. The authority is to remain in full force and effective until I provide Hughes Federal Credit Union with a written authorization requesting a change or termination of this pre-authorized payment. This authorization must be received by Hughes Federal Credit Union no later than three (3) business days prior to the payment due date for the request to be in effect for the current month, otherwise the request will be effective the following month.

I understand and agree that in order for Hughes Federal Credit Union to make any payments requested in this Authorization form, I must have the agreed payment amount available in my account, or my account may be assessed a fee.

I further understand and agree that Hughes 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 agree to hold Hughes Federal Credit Union harmless from any claims, liabilities, attorneys fees and other costs and expenses of any and every kind and nature which may be incurred by it by reason of its performance under this Authorization form.

Signature _____ Date _____