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
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**PLEASE CHECK APPLICABLE BOX**

☐ New Setup ☐ Change Member Number ☐ Change Account ☐ 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 Main Share Savings account to be credited to my Hughes Federal Credit Union Visa and/or MasterCard Credit Card account(s), as hereinafter selected by me.

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

Member Number _____

☐ Checking Account

☐ Main Share Savings Account

☐ The minimum payment due

☐ A fixed amount of $ _____

☐ The last balance on my statement, less any current payments or credits.

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 _____