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AGREEMENT FOR PREAUTHORIZED PAYMENT

I/We hereby authorize the Abri Credit Union to initiate withdrawals from the account indicated below to pay my/our Abri Credit Union VISA account number:

4094 - _____ - _____ - _____
4746 - _____ - _____ - _____
4705 - _____ - _____ - _____

I/We agree that your rights in respect to each withdrawal shall be the same as if it were a check drawn on my/our account and personally signed by either of us. I/We understand if such a withdrawal is attempted and the funds are not available, the credit union will charge a nonsufficient funds (NSF) fee to the account from which the payment should have been withdrawn.

Please withdraw the funds from my ACU account number: _____

Prime Shares Checking

Please print the name(s) on the account: _____

The monthly deduction for payment to my ACU VISA is: (Select one)

- The minimum payment or 2.5% of the balance, whichever is greater
- A fixed amount greater than the minimum payment of 2.5% of the balance. The fixed amount to be withdrawn monthly is \$_____._____
- The full statement balance.

This authority will remain in full force and effect until the credit union receives written notification from me/us of its termination and in such time and manner as to afford the credit union a reasonable opportunity to act on it. **I/We understand that it may take up to eight weeks for a preauthorized payment to take effect. I/We will be fully responsible for all payments until it is in place. I understand that any failure on my part to make regular payments may result in finance charges and/or late fees to be assessed to my account balance.**

Signature Date

Signature Date

I/We hereby revoke my/our agreement for preauthorized payments. I/We understand that it takes one statement cycle for this change to take effect.

Signature Date

Processed by: _____ Date: _____
Revised 10-2010