

Automatic Payment Authorization – Consumer Visa® Credit Card

- The completed authorization can be dropped off at any branch location or mailed to the address listed above. This form can also be completed electronically through DocuSign by going to **Forms** on Bellco.org.
- Start Date: Allow 1–2 billing cycles for this change to take effect.

Set-up New

 Change an Existing

 Cancel an Existing

PART 1: Credit Card Account Information (“Transfer to”)

Member Name:	Credit Card Account Number:
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PART 2: Account Information payment is to be withdrawn (“Transfer from”)

Account Owner:	Account Number:
Financial Institution Name:	ABA Routing Number:
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

PART 3: Payment Information

Monthly Payment Amount ¹ : <input type="checkbox"/> Exact Amount Due <input type="checkbox"/> Other fixed amount \$ _____. Amount cannot be less than the Amount Due.
Desired Monthly Transfer Date ² : <input type="checkbox"/> Due Date <input type="checkbox"/> The _____ day of the month.

¹ Payment details for your credit card account can be found in your card statement. The amount due may be reduced by any payments or credits posted to the account after the statement closing date.

² The Desired Monthly Transfer Date can be scheduled up to 10 days before the Due Date. If the Transfer Date of any scheduled payment is not on a business day, activity will occur on the next business day.

PART 4: Signature of Owner of Account being debited

I agree that Bellco will not be liable for any loss or damages if the information provided is inaccurate or if the payment is initiated untimely. I understand the account owner is fully responsible for all loan payment(s) and charges that may be assessed if funds are not available at the time of transfer. Whether or not the payment is made via this automated method, it is the responsibility of the loan account owner to make sure all loan payments are made on time. Bellco, at its discretion, may make one or more attempts to transfer funds if the first attempt is unsuccessful for any reason. If your financial institution returns more than one automatic payment, Bellco has the right to terminate this agreement and future automatic payments. Failure to exercise this right is not a waiver of the ability to do so at a later time.

I hereby authorize Bellco to electronically transfer funds from my checking or savings account to the Bellco loan account. I authorize the transfer to remain in full force and effect until Bellco has received written or verbal notification to discontinue the authorization no less than 5 business days prior to the next scheduled transfer. Changes to an existing authorized transfer must be in writing. By signing, I certify I am the owner of the account being debited and agree to the terms stated herein.

Email Address:	Phone Number:
Signature:	Date: