



Automatic Payment (AutoPay) Request TDECU Credit Card

Please complete this application and fax, mail or drop off at any TDECU branch office.

I hereby authorize TDECU to withdraw my TDECU Credit Card monthly payment(s) from checking account.

I hereby authorize TDECU to withdraw my TDECU Credit Card monthly payment(s) from savings account.

Checking/Savings account number _____

MasterCard account number _____

Visa account number _____

Amount to be withdrawn each month:

Scheduled minimum payment – as shown on the statement

Balance in full – as shown on the statement

Fixed amount of \$ _____

(Amount must be in even dollars) – This amount will replace the “minimum payment” normally billed to the account and must be equal to or greater than 3% of the credit line in order to satisfy the minimum payment as disclosed on the cardholder agreement.

Signature _____ Date _____

Cancel my Autopay **(please sign below for authorization)**

Checking/Savings account number _____

Signature _____ Date _____

Fax # 979.299.0318

***Please allow up to 30 days for processing.**