



## Automatic Payment (AutoPay) Request TDECU Credit Card

Print and complete this application. Fax, mail or hand-deliver to a 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Amount to be withdrawn each month: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)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Fax # 979.299.0318

\*Please allow up to 30 days for processing