



Visa E-Z Pay Pre-Authorized Payment Agreement

Cardholder Name: _____

Credit Union Account Number: _____

Visa Account Number: _____

I (We) hereby authorize Cornerstone Community Financial Federal Credit Union (hereinafter referred to as Cornerstone Community Financial or CCF) to initiate entries to my (our) indicated CCF account:

Account No. _____ Regular Savings Checking IMMIA Rainy Day

for payment to my (our) Visa credit card account. The amount of the payment for my (our) CCF Visa card to be deducted monthly is:

Minimum Monthly Payment Total Outstanding Balance Fixed Amount

If the fixed amount option is checked, the amount to be deducted monthly is:

\$

This authorization will remain in full force until I (we) provide Cornerstone Community Financial with a written authorization requesting that a change be made or that the periodic payments be terminated. I (we) must provide this written authorization as to change or termination so that it is received by Cornerstone Community Financial at least 15 days prior to any change or termination requested.

I (we) understand and agree that in order for Cornerstone Community Financial to make any payments requested in the authorization form, I (we) must have the payment in my (our) credit union account on the 20th OF THE MONTH. I (we) understand that if the funds are not available on the payment date, that I (we) become responsible for making that month's payment.

I (we) understand that if the full balance or fixed amount option is selected above and those funds are not available on the payment date, but the minimum amount due is, that only the minimum payment will be applied.

I (we) understand and agree that Cornerstone Community Financial shall not be responsible for any act on or failure to act on their part, except in the case of gross negligence or willful misconduct. Furthermore, I (we) agree to hold Cornerstone Community Financial harmless from claims, liabilities, attorney's fees, and any other costs and expenses of any kind and nature which may be incurred by them by reason of their performance under this authorization form.

Member Signature

Date

Joint Signature

Date

PLEASE CANCEL THE ABOVE AUTHORIZATION:

Member Signature

Date

Joint Signature

Date

Include completed form with next Visa payment or mail to:
Cornerstone Community Financial
2955 University Drive
Auburn Hills, MI 48326

Or fax completed form to:
(248) 340-7240