



# Chevron Federal Credit Union

## Authorization for Periodic Payment

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                            |                                     |                      |              |                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------|-------------------------------------|----------------------|--------------|----------------------|
| <b>Credit Union Use Only</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |                            |                                     | Date _____           |              |                      |
| Member Name _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |                            |                                     | Branch Number _____  |              |                      |
| Add _____ Cancel _____ Alter _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                            |                                     | Account Number _____ |              |                      |
| Beginning _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Due Date of Payment _____ | Frequency of Payment _____ | Final Payment Date (If known) _____ | Debit Account _____  | Amount _____ | Credit Account _____ |
| <p>I/We understand that it is my/our total responsibility to have funds available in the account by the due date of the periodic payment.</p> <p><b>“Overdraft protection is NOT AVAILABLE FOR PERIODIC PAYMENTS even if you have overdraft protection for the account which is to be debited.”</b></p> <p>I/We understand that if funds are not available in my/our account(s), and my periodic payment cannot be processed, the Credit Union is not responsible for any late charges or penalties that I/we may incur from creditor(s).</p> |                           |                            |                                     |                      |              |                      |
| Member Signature _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           | Staff Signature _____      |                                     | Date _____           |              |                      |

**\*\*\*If automatic payment is requested, this form needs to be completed and returned to Chevron Federal Credit Union with your closing documents. Please be advised that Home Equity Lines of Credit are excluded from participating in automatic payment.**

**\*\*\*If automatic payment is not requested, please disregard this form.**