STATE DEPARTMENT
FEDERAL CREDIT UNION

1630 King Street
Alexandria, VA 22314-2745
703-706-5000 · Fax 703-706-5117

Credit Card Autopay Options

Have your credit card payment automatically deducted from your account once a month on your credit card statement due date.

Choose the one monthly option that you like best: (check one)

Make the **minimum payment** due each month.

Pay off the **balance due** each month.

Make a **fixed payment*** of _____each month.

*Note: The fixed payment must be equal to or greater than 2% of your established credit limit. For example, $5000.00 x 2% = $100.00 fixed payment.

Choose the account: (check one)

Share Savings Account #_____

Share Checking Account #_____

Routing # and Account # _____ _____ (only necessary if payment comes from non SDFCU account)

Authorization for Preauthorized Payments

I hereby authorize State Department Federal Credit Union (SDFCU) to make transfers to my SDFCU credit card account. I agree these payments will be subject to all the terms previously disclosed to me in SDFCU's Credit Card Agreement and Truth in Lending Disclosure. This authority is to remain in full force until State Department Federal Credit Union has received written notification from me of its termination in such time and in such manner as to afford SDFCU a reasonable opportunity to act on it.

Name _____   Best Phone # to contact _____

SDFCU Member Account # _____   Credit Card Account (last 8 digits) _____

Email Address_____

Signature _____   Date _____

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