firsttechfed.com | 855.855.8805 PO Box 2100 Beaverton, OR 97075-2100





Credit Card Automatic Payment Authorization

Member name Credit Card account number		d account number
☐ New authorization ☐ Change	current authorization	
Please debit my monthly payment from m	y account listed below:	
Checking account #:	ABA #:(only for non-First Te	Month to begin:
Savings account #:	ABA #:(only for non-First Ti	Month to begin:
Please review the due date of your next p	payment. You may need to make a nis automatic payment to go into eff	manual payment. This form must be received at least 10 fect. Changes may not take effect until the following
Full balance payment Minimu	ım Payment 🔲 Fixed amou	ınt \$
Member signature If you're paying from a non-First Technology	Date	require a voided check to begin this service.
		subject to our receipt of final payment. If final payment is not received,
- · · · · · · · · · · · · · · · · · · ·	items. If the Credit Union incurs any fee to	Id impose a return charge on your account. After we have received final collect any item the Credit Union may charge such fee to your account.
your account, return the credit and the transfer w	vill not occur for that particular transfer da or three consecutive occurrences, we will o	on or your other institutions checking or savings account, we will debit ate. The transfer will not attempt to pull again until the next regularly cancel your ACH origination. In the event of cancellation, the only way
	er. The Credit Union is not liable for transfe	the loan balance, the final payoff amount, and the cancellation of the rs made or any costs incurred by the member in the event that the ACH
Please refer to the First Technology Federal Credit U	Jnion Membership and Account Agreemen	it for further disclosures and information.
For Payment Services Department only	y	
Input by	Verified by	ı
Branch name	Memher S	jervice Renresentative