



MASTERCARD AUTOMATIC PAYMENT AUTHORIZATION

Credit Union of Denver MasterCard®
Authorization Agreement for Direct Payments (ACH Debits)

I/We hereby authorize **Credit Union of Denver**, hereinafter called **COMPANY**, to initiate debit entries to my/our Account indicated below and the financial institution below, hereinafter called **FINANCIAL INSTITUTION**, to debit the same to such account.

This authorization is for the purpose of payments to credit card account #_____.
I/we understand that amounts may vary and authorize payments in amount as indicated below:

From Checking Account

- Charge \$_____ or minimum payment due whichever is greater from my/our checking account each due date.
- Charge minimum payment due from my/our checking account each due date.
- Charge last statement balance from my/our checking account each due date.

From Savings Account

- Charge \$_____ or minimum payment due whichever is greater from my/our savings account each due date.
- Charge minimum payment due from my/our savings account each due date.
- Charge last statement balance from my/our savings account each due date.

(Financial Institution's Name)	(Branch)
(Address)	(City/State) (ZIP)
(Routing Number)	(Account Number)

This authority is to remain in full force and effect until **COMPANY** has received written notification from either of us of its termination in such time and manner as to afford **COMPANY** and **FINANCIAL INSTITUTION** a reasonable opportunity to act on it.

(Print Individual Name)	(Signature)
(Date)	(Credit Union of Denver Account Number)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM