



AGREEMENT FOR PREAUTHORIZED PAYMENT

I/We hereby authorize the Argonne Credit Union to initiate withdrawals from the account indicated below to pay my/our Argonne Credit Union VISA account number(s):

Please list the last 4-digits of your Visa Card Number(s): Card 1 _____ Card 2 _____

I/We agree that your rights in respect to each withdrawal shall be the same as if it were a check drawn on my/our account and personally signed by either of us. I/We understand if such a withdrawal is attempted and the funds are not available, the credit union will charge a nonsufficient funds (NSF) fee to the account from which the payment should have been withdrawn.

Please withdraw the funds from my ACU Prime Shares/Savings Checking

Please print the name(s) on the account: _____

The monthly deduction for payment to my ACU VISA is: (Select one)

- The minimum payment or 2.5% of the balance, whichever is greater
- A fixed amount greater than the minimum payment of 2.5% of the balance. The fixed amount to be withdrawn monthly is \$_____.
- The total balance on my monthly statement.

This authority will remain in full force and effect until the credit union receives written notification from me/us of its termination and in such time and manner as to afford the credit union a reasonable opportunity to act on it. **I/We understand that it may take up to eight weeks for a preauthorized payment to take effect. I/We will be fully responsible for all payments until it is in place. I understand that any failure on my part to make regular payments may result in finance charges and/or late fees to be assessed to my account balance.**

Signature Date

Signature Date

I/We hereby revoke my/our agreement for preauthorized payments. I/We understand that it takes one statement cycle for this change to take effect.

Signature Date

Return your completed form to ACU via fax, mail or in person at any ACU branch location.

Fax: **(815) 267-7768**

Mail to: 1350 W. Renwick Road, Romeoville, IL 60446 Attn: E-Services

For Office Use Only: Processed by: _____ Date: _____