



**Authorization Agreement for Preauthorized MasterCard
Payments to Originate/Change/Revoke ACH DEBIT**

Use this form to set-up payments to your Worcester Credit Union MasterCard from your account at another financial institution. Please note that even if your MasterCard balance is paid in full, payments will continue until you cancel this authorization.

ADD (NEW) CHANGE REVOKE

I (we) hereby authorize the Worcester Credit Union herein called CREDIT UNION to initiate debit entries from my (our) account indicated below and authorize the depository named below, hereinafter called DEPOSITORY, to debit the same to same account.

DEPOSITORY

Financial Institution: _____ Branch: _____

City: _____ State: _____ Zip: _____

Transit/ABA#: _____ Account#: _____

Checking Account Savings Account

The amount of the payment for my credit card to be deducted monthly is:

Minimum Payment Total Amount Due A Fixed Amount Greater Than The Minimum

If the fixed payment option is checked, the amount to be deducted monthly will be: \$ _____

This authority is to remain in full force and effect until I (we) provide the Credit Union and Depository with a written authorization requesting that a change be made or that the periodic payments be terminated, I (we) must provide this written authorization as to change or termination so that it is received by the Credit Union and Depository at least 30 days prior to any change or termination requested.

I (we) understand and agree that in order for the Credit Union and Depository to make payments requested in this Authorization form, I (we) must have the payment amount available in my (our) account.

I (we) further understand and agree that the Credit Union and Depository shall not be responsible for any act or failure to act on their part, except in the case of gross negligence or willful misconduct. Furthermore, I (we) agree to hold the Credit Union and Depository harmless from any claims, liabilities, attorney's fees and other costs and expenses of any and every kind and nature which may be incurred by them by reason of their performance under this Authorization Form.

Name(s): _____ / _____

Member Number: _____ MasterCard Number: _____

Date: _____ Signed: _____