



PAY\$MART

Paysmart Authorization

I authorize Community Credit Union to initiate debit as well as any necessary correction entries to the account(s) listed below. This authority will take effect as of _____ and will remain in effect until _____, or until written notification is given by myself or a joint account holder in such time as to afford the credit union sufficient time to cancel the transaction. I will provide a copy of a voided check from the account being debited.

*Variable Rate Loans: I acknowledge that my minimum payment may change periodically as indicated in this agreement.

_____ (initials)

Financial Institution to be debited: _____		
Account number to be debited: _____	Account type to be debited: _____	Routing and transit number: _____
CCU Account # and loan to be credited _____	Transfer amount requested _____	*Maximum transfer amount: _____
Printed Name of Account Holder: _____		Social Security Number: _____
Legal Signature of Account Holder: _____		Date _____
Member Service Reps # and Printed Name: _____		
Paysmart Date: 1 st 3 rd 15 th 29 th 1 st & 15 th Weekly Friday Bi-weekly Friday		

Paysmart Cancellation

I hereby request that Community Credit Union discontinue debiting my account at _____. I realize that if my loan is not currently paid off, I will need to make cash payments and request loan coupons for the duration of the loan. I also understand that my loan percentage rate may change due to the fact that I am not longer making automatic payments.

Account Number: _____		
Account Holder: _____	Paysmart Amount: _____	Date to cancel: _____
Paysmart Date: 1 st 3 rd 15 th 29 th 1 st & 15 th Weekly Friday Bi-weekly Friday		
Legal Signature of Account Holder: _____		Date _____
Member Service Reps # and Printed Name: _____		