



Authorization To Establish Automatic Funds Transfer to Pay NGFCU Credit Card

Member Name: \_\_\_\_\_ Credit Card #: \_\_\_\_\_ Last 4 digits only

Transfer Schedule (Check One):

- Transfer minimum payment on the due date\*
- Transfer balance in full on the due date\*

\*Ongoing automatic transfers will begin after the current billing cycle.

Transfer From NGFCU Account Account Number: \_\_\_\_\_  Savings  Checking

OR

Transfer From Another Financial Institution

Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_  Savings  Checking

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Telephone

\_\_\_\_\_  
Home Telephone

Forward to Card Services  
Fax # 310-354-3038

<p>For Credit Union Use Only</p> <p>Completed by: _____ Date: _____ Branch: _____</p>
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