



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

For Credit Union Use Only
Completed by: _____ Date: _____ Branch: _____