



MASTERCARD AUTO-PAYMENT

211-31 Jamaica Avenue
Queens Village, NY 11428
Email: Visit www.QsideFCU.org/secure-email
Phone: (718) 353-1300
Fax: (718) 353-5399
www.QsideFCU.org

Directions: Complete and return this form via email by visiting www.QsideFCU.org/secure-email. Or, you may deliver it in person, by fax or regular mail.

MASTERCARD AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

I hereby authorize the Qside FCU to initiate withdrawals from the account indicated below to pay my QFCU MASTERCARD Credit Card number _____.

I agree that the credit union's rights in respect to each withdrawal shall be the same as if it were a check drawn on my account and personally signed by me and that you shall be fully protected in honoring such a withdrawal. I further agree that if any such withdrawal is dishonored with cause, the Qside Federal Credit Union shall be under no liability whatsoever if such dishonor results in late charges, return fee(s) or revocation of my card.

Please withdraw from QFCU (check one):
 Share draft/checking account # _____
 Share/savings account # _____

Name(s) on account: _____.

The amount to be deducted monthly from the account listed above is:

\$ _____ (_____ dollars and _____ cents)
Numerical amount Written amount

I UNDERSTAND THAT THIS IS A FIXED AMOUNT TO BE TRANSFERRED MONTHLY FROM THE ACCOUNT I HAVE INDICATED TO MY QFCU CREDIT CARD. I UNDERSTAND THAT THIS AMOUNT MAY NOT BE SUFFICIENT TO SATISFY MY MINIMUM MONTHLY PAYMENT AND THAT IT IS MY RESPONSIBILITY TO MAKE SURE THAT THE FULL AMOUNT OF MY MINIMUM PAYMENT IS MADE MONTHLY REGARDLESS OF THIS AGREEMENT.

THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL THE QSIDE FEDERAL CREDIT UNION HAS RECEIVED WRITTEN NOTIFICATION FROM ME TO TERMINATE SUCH AUTHORIZATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD THE CREDIT UNION A REASONABLE OPPORTUNITY TO ACT ON IT.

Signature

Date

PLEASE NOTE:

- If the required amount of your payment is not in your account on the day your MASTERCARD payment is to be transferred, the payment will be returned and you may be assessed Returned ACH/Check fees.
- To stop Automatic Payments, please send us your request in writing by mail or fax to the attention of the Credit Card Department.