



# RTN Federal Credit Union

600 Main Street • Waltham, MA 02452 • 1-800-338-0221 • www.rtn.org

# CREDIT CARD PREAUTHORIZED TRANSFER

## Account Information *(Please print clearly)*

Date	
Member Name	
Street Address	
City, State, ZIP	
Member Account Number	
Credit Card Number	
Home Telephone	
Work Telephone	

I hereby authorize RTN Federal Credit Union to transfer my credit card payment as follows:

Transfer from: <input type="checkbox"/> Main Share account <input type="checkbox"/> Checking account	Payment amount <input type="checkbox"/> Minimum payment due <input type="checkbox"/> Full balance <input type="checkbox"/> Fixed payment of \$_____ (must be equal to or greater Than the minimum due)
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## Member Authorization

In the event of insufficient funds in my account on the payment due date, I understand an insufficient funds fee will be assessed as disclosed on the Truth in Savings disclosure statement.

\_\_\_\_\_  
*Member Signature*