



# Credit Card AutoPay Authorization Agreement

AutoPay allows you to pay your monthly Wings Financial Credit Union credit card bill by having your payments automatically transferred from your First Class Checking or Savings account each month.

To initiate AutoPay, complete, sign and return this form to:  
Wings Financial Credit Union  
Card Services Department  
14985 Glazier Avenue, Suite 100  
Apple Valley, MN 55124-6539

*Note: If mailing this form to the credit union, please do not send payment with it.*

Allow one full statement cycle for AutoPay to take effect. AutoPay transactions will post within four business days after the payment due date. A \$20 charge will be assessed to your credit card if there are insufficient funds to make your payment. (Additional insufficient funds fees may be assessed from the financial institution processing the payment).

Name \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Please Transfer:  My regular monthly payment (3% of the balance) each month  
 Fixed amount (equal to or greater than the minimum payment due): \_\_\_\_\_  
 Total balance due

Please select the account you wish to have funds debited from for AutoPay:

I/We authorize Wings Financial Credit Union to initiate debit entries to my/our Wings Financial:  
 Checking Account# \_\_\_\_\_  
 Savings Account# \_\_\_\_\_

I/We authorize Wings Financial Federal Credit Union and the financial institution named below to initiate debit entries to my/our:  
 Checking Account# \_\_\_\_\_  
 Savings Account# \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_  
Routing & Transit #: \_\_\_\_\_  
Address (incl. City, State, Zip): \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**Please enclose a copy of a VOIDED check with this form for an account not held at Wings Financial.**

I (we) understand and agree that in order for Wings Financial Credit Union to make payments requested in the Authorization Form, I (we) must have the payment amount available in my (our) account, or my (our) account may be assessed a fee. I (we) further understand that Wings Financial shall not be responsible for any act or failure to act on their part, except in the case of gross negligence or willful misconduct. Furthermore, I (we) agree to hold Wings Financial harmless from any claims, liabilities, attorney's fees and other costs and expenses of any and every kind and nature which may be incurred by them by any reason of their performance under this Authorization Form. This authority is to remain in full force and effective until I (we) provide Wings Financial with a written authorization requesting that a change be made or that periodic payments be terminated by Wings Financial at least 30 days prior to any change or termination request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return completed form to: Wings Financial Credit Union, 14985 Glazier Ave, Ste 100, Apple Valley, MN 55124.