



**Hawaiian Financial**  
Federal Credit Union

# AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

I (we) hereby authorize the Hawaiian Financial Federal Credit Union to initiate withdrawals from the account indicated below to pay my (our) credit card account number:

**HIFICU VISA**

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I (we) agree that your rights in respect to each withdrawal shall be as if it were a check drawn on my (our) account and personally signed by either of us and that you shall be fully protected in honoring such a withdrawal.

I (we) agree not to originate entries that violate the laws of the United States.

I (we) further agree that if any such withdrawal is dishonored with cause, the Credit Union shall be under no liability whatsoever if such dishonor results in late charges or revocation of my (our) card(s). Accounts that do not have sufficient amounts to cover the pre-authorized payments will be assessed a \$20.00 non-sufficient funds fee.

Please withdraw from HIFICU:  Share Draft Account No. \_\_\_\_\_  
(CHECK ONE)  Share Account No. \_\_\_\_\_ Suffix: S-0

NAME(S) on account: \_\_\_\_\_  
\_\_\_\_\_

The amount of payment for my (our) credit card to be deducted monthly is (CHECK ONE):

- The minimum payment as billed.  The total unpaid balance.
- Set amount monthly \$ \_\_\_\_\_

This authority is to remain in full force and effect until the Credit Union has received written notification from me (either of us) of its termination in such time and in such manner as to afford the Credit Union a reasonable opportunity to act on it. Any stop payments ordered will cost \$20.00, which will be automatically charged to the account selected above. I (we) understand that the stop payment request, given either in writing or orally, must be received by the Credit Union no later than three business days before the scheduled payment date of the payment transfer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b>HIFICU Use Only</b>	
Accepted by: _____	Date: _____
Processed by: _____	Date: _____
Routing Number: 3213-79070	