



Chesterfield Federal Credit Union
SOLUTIONS FOR ALL YOUR FINANCIAL NEEDS



Automatic Payment Request

Name: _____ Member Number: _____

Daytime Phone: _____

Current Address: _____

Card Number: _____

Chesterfield Federal Credit Union Account

Pay From: Checking Savings Other _____

Payment Amount: Minimum Payment Statement Balance Fixed Amount* _____

Effective Date: _____

* If the minimum payment is greater than the fixed amount, the minimum payment will be collected.

Outside Financial Institution Account*

Financial Institution Name: _____

Routing Number: _____ Account Number: _____

Checking Savings

* Please attach a voided check to this form

Payment Amount: Minimum Payment Statement Balance Fixed Amount* _____

Authorization

By signing below, I authorize the actions requested on this form.

Signature

Date

**Credit
Union
Use Only**

Initial Request Received By:

Completed By:

Date:

Date: