



### Credit/Debit Payment Authorization

3418 MacCorkle Ave SE, Charleston, WV 25304

Phone: (304) 721-4145 Fax: (304) 342-3147

ElementFCU.org

#### All About Me

My Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

My phone numbers - Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### My Payment Information

I want to charge a total amount of \$ \_\_\_\_\_

to make my loan payment(s) to account # \_\_\_\_\_. My loan number(s) is(are): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

to deposit funds to my account # \_\_\_\_\_. (Funds will be applied to checking account. If no checking, funds go to savings.)

Please charge my        

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ Security Code: \_\_\_\_\_

I authorize Element FCU to charge my credit/debit card as listed above. I also authorize Element FCU to add an additional processing fee as indicated in the Element FCU fee schedule. This form can be delivered in person to any Element FCU branch or faxed to 304-342-3147. This form should NOT be emailed.

X \_\_\_\_\_ X \_\_\_\_\_  
My Signature Date

#### THIS SECTION IS FOR CREDIT UNION USE ONLY

This form was processed by \_\_\_\_\_ on \_\_\_\_\_  
employee name date

Charge amount \$ \_\_\_\_\_ plus processing fee \$ \_\_\_\_\_ equals **TOTAL CHARGE** \$ \_\_\_\_\_.