

Credit Card Maintenance Request Form

Member Name: _____ Member Number: _____

Credit Card Number: _____

Cardholder Signature (Required)

Date

Due Date Change

I understand that changing my due date will take 1 - 2 billing cycles to go into effect.

Requested Due Date: _____

(May not exceed 25 days in advance; payment must be current)

Automatic Payments **Start/Change** **Stop**

I authorize Smart Financial to withdraw my monthly credit card payment from the account listed below, each month until I revoke this request in writing. I understand that my account may be debited up to 3 business days prior to my due date, to ensure timely crediting.

NOTE: You may visit www.gotomycard.com to manage your credit card account, including one-time or recurring monthly payments, which do not require this form.

Account Information:

Checking Savings (please mark one)

Routing Number: _____

Account Number: _____

Payment Information (check one):

Fixed Amount \$ _____ (even dollars) *if the fixed amount does not satisfy the minimum payment percentage, then true minimum will replace the fixed amount*

Last Statement Balance

Scheduled Minimum

Close Credit Card

Closing your credit card does not release your obligation to repay this debt. Any charges made for your account resulting from use of the card, as well as finance charges and other related charges will be due.

By requesting to close your credit card, you understand that you must re-apply for any future credit with the credit union; this request may not be reversed or reinstated.

Any charges that are denied after the card is closed are not an error of the credit union.

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