



**Please fill out Authorization Form & mail to:**

Fort Belvoir Federal Credit Union  
Attn: Visa Department  
14040 Central Loop Woodbridge, VA 22193

**Or fax completed form: 1.703.730.1410 (Pg.1 only-Disclosures & Rules do not need to be faxed)**

Yes, I want to participate in the FTBFCU Automatic Pay for Visa® Credit Cards. I hereby authorize FTBFCU to debit my checking/savings account each month for my Visa card payment. FTBFCU retains the right to cancel this agreement at any time.

**AGREEMENT FOR PREAUTHORIZED PAYMENTS**

I (we) hereby authorize the Fort Belvoir Federal Credit Union to initiate withdrawals from the account indicated below to pay my (our) Visa® credit card, account number

I (we) agree that your rights in respect to each withdrawal shall be the same 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 initiating such a withdrawal. I (we) further agree that if any such withdrawal is dishonored with cause, the Credit Union shall incur no liability whatsoever if such dishonor results in late charges or revocation of my (our) card.

Please withdraw from Account # \_\_\_\_\_  
 Checking       Savings (Check one)

**If other than your account at the Credit Union:**

**NAME of Financial Institution:** \_\_\_\_\_

**City/State:** \_\_\_\_\_

**Routing and Transit Number:** \_\_\_\_\_  
(from the bottom of the check, *include voided check*)

**NAMES on account:**

\_\_\_\_\_

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

- The minimum payment or 3% of the balance, whichever is greater.
- The total unpaid balance.
- A fixed amount greater than the minimum or 3% of the balance, whichever is greater.  
The fixed amount to be withdrawn monthly is \$\_\_\_\_\_ or \_\_\_\_\_dollars and \_\_\_\_\_  
\_\_\_\_\_ cents. (write out dollar & cent amount)

**The authority is to remain in full force and effect until the Credit Union has received written notification from me (or 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.**

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

## **DISCLOSURES AND RULES GOVERNING ELECTRONIC FUND TRANSFERS**

Since you are a member of the Fort Belvoir Federal Credit Union, Federal Reserve regulations require the Credit Union to advise you of federal regulations affecting Electronic Funds Transfer to or from your accounts. The regulations outlined in this disclosure will apply to you if you have Automated Credit Card Bill Paying. If you have any problems, questions or would like to resolve any errors, please contact or call the Credit Union during regular business hours on any business day (Monday through Fridays, excluding Holidays) at the address or telephone number listed below:

**Fort Belvoir Federal Credit Union (703) 730-1800 14040 Central Loop Woodbridge, VA 22193**

**CONSUMER LIABILITY** - Tell the Credit Union AT ONCE if you believe your EFT Access Device and/or personal identification number has been lost or stolen. Telephoning is the best way of keeping your possible losses down. You could lose all the money in your account plus your maximum overdraft line of credit. If you tell the Credit Union within two business days after you learn of the loss or theft, you can lose no more than \$50 if someone used your card without your permission.

If you do NOT tell the Credit Union within two business days after you learn of the loss or theft of the card, and the Credit Union can prove that it could have stopped someone from using your Access Device without your permission if you had told the Credit Union, you could lose as much as \$500. Also, if your statement shows transfers/transactions that you did not make, tell the Credit Union at once. If you do not tell the Credit Union within 60 days after the statement was mailed to you, you may not get back any money you lost after the 60 days if the Credit Union can prove that it could have stopped someone from taking the money if you had told the Credit Union in time. If a good reason (such as a long trip or a hospital stay) kept you from telling the Credit Union, it will extend the time periods.

**LOST OR STOLEN ACCESS DEVICE** - If you believe your Access Device has been lost or stolen or that someone has transferred, or may transfer, money from your account without your permission, you may write or telephone the Credit Union at the address and phone number shown in this disclosure brochure.

**TYPES OF TRANSFERS AVAILABLE- Pre Authorized Debit from Your Account with another Financial Institution or from Your Account with us to Pay your Visa® credit card balance (or portion thereof) each month.**

**FEES FOR TRANSACTIONS** - There is no fee for a preauthorized debit from your account with us or with another institution which has been initiated by us to pay your Visa® credit card account.

### **RIGHT TO RECEIVE DOCUMENTATION**

Periodic Statement: Transfers will be shown on your monthly statement provided by the institution holding the account from which you have authorized us to initiate a debit to pay your Visa® credit card.

**STOP PAYMENT OF PREAUTHORIZED TRANSFERS** - Right to stop payment and procedure for doing so. If you have told the Credit Union in advance to make regular payments out of your account, you can stop any of these payments. Here's how: telephone or write the Credit Union at the number and address shown in this disclosure in time for the Credit Union to receive your request 3 or more business days before the payment is scheduled to be made. If you call, the Credit Union may also require you to put your request in writing and get it to the Credit Union within 14 days after you call. The fee, if any, for stop payment of a preauthorized transfer is set forth in the Credit Union's schedule of fees.

Notice of varying amounts. If these regular payments vary in amount, you have authorized us to initiate the debit within specified limits. Otherwise, Visa® must tell you at least 10 days before each payment, when it will be made and how it will be.

Liability for failure to stop payment of preauthorized transfer. If you order the Credit Union to stop one of these payments 3 or more business days before the transfer is scheduled and the Credit Union does not do so, the Credit Union will be liable for your losses or damages.

**CREDIT UNION'S LIABILITY FOR FAILURE TO MAKE TRANSFERS** - If the Credit Union does not complete a transfer to or from your account on time in the correct amount according to the Credit Union's agreement with you, the Credit Union will be liable for your losses or damages. However, there are some exceptions. The Credit Union will not be liable, for instance:

1. If, through no fault of the Credit Union, you do not have enough money in your account to make the transfer.
2. If the transfer would go over the credit limit on your overdraft line.
3. If circumstances beyond the Credit Union's control, such as fire, flood, etc. prevent the transfer, despite reasonable precautions that the Credit Union has taken.
4. There may be other exceptions stated in the Credit Union's agreement with you.

**DISCLOSURE OF INFORMATION TO THIRD PARTIES** - The Credit Union will disclose information to third parties about your account or the transfers that you make:

1. When it is necessary for completing transfers or
2. In order to verify the existence and conditions of your account for a third party, such as credit bureau or merchant; or
3. If required to comply with government agency or court orders; or
4. If you give the Credit Union your written permission.

**ERROR RESOLUTION** - In case of errors or questions about your Electronic Transfers: If your statement or receipt is wrong, or if you need more information about a transfer listed on the statement or receipt, please contact the Credit Union as soon as possible. You may telephone the Credit Union or write the Credit Union at the number and address shown in this disclosure statement.

If you think your statement or receipt is wrong, or if you need more information about a transfer listed on the statement or receipt, the Credit Union must hear from you no later than 60 days after it sent you the FIRST statement on which the problem or error appeared. When you notify the Credit Union, please be prepared with the following information:

1. Please tell the Credit Union your name and account number.
2. Describe the error or transfer you are unsure of and explain as clearly as you can why you believe it is an error or why you need more information.
3. Tell the Credit Union the dollar amount and, to the extent possible, the date of the suspected error.

If you tell the Credit Union orally, we require that you send the Credit Union your complaint or questions in writing within 10 business days after we hear from you. The Credit Union will tell you the results of its investigation within 10 business days after the Credit Union hears from you and will correct any error promptly. If the Credit Union needs more time, however, it may take up to 45 days to investigate your complaint or question. If the Credit Union decides to do this, it will recredit your account within 10 business days the amount you think is in error, so that you will have the use of the money during the time it takes the Credit Union to complete its investigation. If the Credit Union asks you to put your complaint or question in writing and the Credit Union does not receive it within 10 business days, the Credit Union may not recredit your account.

If the Credit Union decides that there was no error it will send you a written explanation within 3 business days after the Credit Union finishes its investigation and debit your account for any funds provisionally credited to you. You may ask for copies of the documents that the Credit Union used in its investigation.

If the error involves either transfers initiated outside the United States or transfers resulting from Point of Sale Terminals, the Credit Union must provisionally recredit your account within 20 business days and may take up to 90 calendar days to investigate your complaint or question.