

Hartford Federal Credit Union

PRE-AUTHORIZED VISA PAYMENT AGREEMENT

I (We) hereby authorize Hartford Federal Credit Union (HFCU) to initiate withdrawals from the account indicated below to pay my (our) HFCU VISA account # _____. ☐ Main Share ☐ Checking

I (We) agree that HFCUs' rights in respect to each withdrawal shall be fully protected and shall be the same as if it were a check drawn on my (our) account and personally signed by any authorized signer. I (We) further agree that if any such withdrawal is dishonored HFCU shall be under no liability whatsoever if such dishonor results in late charges, penalties, or revocation of my (our) card(s). Furthermore, any such dishonored withdrawal will also result in an insufficient funds fee charge from an applicable account in my (our) name(s) at HFCU as determined by our current Schedule of Fees.

All HFCU VISA accounts are subject to payment withdrawals from any of your share accounts in the event of delinquency. The payment for my (our) HFCU VISA card to be deducted monthly is: (check one)

- ☐ Minimum payment or 3.0% of my (our) outstanding balance, whichever is greater.
- ☐ The total unpaid balance.
- ☐ Fixed amount, greater than the minimum, to be withdrawn monthly is \$ _____.
- ☐ No automatic payment except in the event of delinquency as described below.

Name(s) on account: _____

Signature of Card Holder

Date

Signature of Card Holder

Date

VISA AUTHORIZED USER

I (We) hereby request that HFCU issue an additional VISA card on my (our) VISA account # _____ to:

Additional User's Name

Additional User's Social Security

Additional User's Address

Additional User's Date of Birth

Account Holder's Signature

Account Holder's Signature

Additional User's Signature

Date

PLEDGE OF SHARES TO SECURE VISA CARD

By signing below, you pledge to HFCU and grant HFCU a security interest in the following shareholdings with HFCU to secure your VISA account. You authorize HFCU to apply these shareholdings to pay any amounts due including any non-delinquent portion of the balance on the HFCU VISA account if any portion of the VISA balance becomes delinquent. If funds in the share account(s) below are inadequate to repay the amount owed, HFCU is authorized to make payment from your other accounts, as necessary.

Card Holder Account #

\$ _____
Amount Pledged

Signature of Card Holder

Date