



Fairfax County Federal Credit Union

Creating valued relationships by helping build your financial future

PO Box 1300 • Fairfax, Virginia 22038-1300 • 703.218.9900 • FAX 703.591.9538 • www.fairfaxcu.org

Autopay Authorization Agreement

In case of errors or questions about your electronic transfer on your statement or receipt, or if you need more information about your statement or receipt, you may call us, send us a written notice at the number and address as listed above. We must hear from you no later than 60 days after we send the FIRST statement on which the problem or error appeared. In order for us to investigate a charge on your account, you must provide the following information in writing:

1. Your name and account number.
2. Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. The dollar amount of the suspected error.

We will inform you of the results of our investigation within 10 business days after we hear from you and will correct any error promptly. If we need more time; however, we may take up to 45 days to investigate your complaint or questions. If we decide to do this, we will re-credit your account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

If we decide that there was no error, we will send you a written explanation within three (3) business days after we finish our investigation. You may ask for copies of the documents that we used in our investigation.

Yes, I would like to have my Fairfax County Federal Credit Union Visa Credit Card Payment automatically debited from my account.

Name: _____ Date Submitted: _____
(as it appears on your credit card)

Classic 4452 7710 _____

Platinum 4649 1320 _____

Please tell us from which account you would like the payment withdrawn (check one):

Account #: _____ Savings Checking

I want to pay (check one):

Fixed Amount \$ _____ (Must cover the minimum payment. Minimum payment is calculated at 3% of the balance or \$25.00, whichever is greater.)

Minimum Payment only

Balance in full

By checking the boxes above and signing below, you certify that the information on this application is complete, true and submitted for the purpose of obtaining the electronic debit requested. You acknowledge receipt of and agree to the terms of the Autopay Authorization Agreement

SIGNATURE: _____

DATE: _____