

WILLIS CREDIT UNION

AUTHORIZATION FOR MASTERCARD DIRECT PAYMENTS

I (we) hereby authorize Willis Credit Union to initiate debit entries to my (our) checking account indicated below at the depository name (your bank) listed, hereinafter called DEPOSITORY, and to debit the same for payment to be credited to my (our) Willis Credit Union MasterCard Account.

Depository (bank) Name _____

City _____ State _____

Routing Number _____

Account Number _____

This authorization is to remain in full force and effect until Willis Credit Union has received written notification from me (or either of us) of its termination in such time and such manner as to afford Willis Credit Union and Depository (bank) a reasonable opportunity to act on it.

Name _____

(Please Print)

(Please Print)

MasterCard Account # _____

Date To Draft Account # _____

Please check one:

- 100% of balance
- Minimum required payment (2%)
- Fixed dollar amount Amount _____
- Percentage of balance (minimum 2%) _____

Signature _____ Date _____