

Monthly Credit Card (CCP) Payment Form
For Use With Reoccurring Credit Card Payments

Debit:	
Member No. _____	Member Name _____
Share No. _____	Amount: _____
Credit:	
Member No. _____	Member Name _____
Share No. _____	Amount: _____

Teller No. _____ Date: _____

I understand this transfer will automatically debit from the specified account on the fourth Friday of the month. I understand if there is not enough money in the account on the fourth Friday day of the month, the amount available will automatically transfer and I will be responsible to pay the difference, if any.

_____ Date _____ Primary Member's Signature

_____ Date _____ Joint Member's Signature (if applicable)

Cancel Monthly Credit Card Payment Form
For Use With Reoccurring Credit Card Payments

Debit:	
Member No. _____	Member Name _____
Share No. _____	Amount: _____
Credit:	
Member No. _____	Member Name _____
Share No. _____	Amount: _____

Teller No. _____ Date: _____

I understand that automatic credit card payment will end on the above date. I acknowledge that I am responsible for any fees and/or costs that may occur, at MACU or any other entities, due to my decision to cancel this monthly transfer. I further understand that I must initiate reinstatement of this transfer should I wish for MACU to debit my account to make any/all automatic transfers.

_____ Date _____ Primary Member's Signature

_____ Date _____ Joint Member's Signature (if applicable)