

Mastercard® Automatic Payment Plan Application

With this free Automatic Payment Plan, Tower deducts your Mastercard payment from your Prime Share (Savings) or Regular Checking account. Payments can only be deducted from the account of the primary cardholder. Each month you can have either the total new balance or the minimum payment deducted from the account of your choice. Automatic payments are credited on the due date of your Tower Mastercard and deducted from your account approximately two business days later.

Please provide the requested information below. If you are a current Digital Banking user, you can electronically submit your Automatic Payment Plan Application. Simply login to Digital Banking and go to Forms, select the Application, and follow the instructions. Or, complete, print and fax this form to 301-497-8930. For questions or to set up your payment by phone, call our Member Service Center at 301-497-7000 or 866-56-TOWER.

Members must be at least 18 years old to apply for the Mastercard Automatic Payment Plan. If you are under the age of 18, please have your parent/guardian fill out this application or call the Member Service Center.

Please select the Tower Mastercard Automatic Payment Plan you would prefer.

It may take a full statement cycle for enrollment or changes to take effect. Please monitor your account to ensure that payments are made on time.

Deduct the **minimum payment** amount from (please check one):

- ☐ Regular Checking account
☐ Prime Share (Savings) account

Deduct the **full balance** amount from (please check one):

- ☐ Regular Checking account
☐ Prime Share (Savings) account

Automatic payments will be deducted from the account specified above. The amount must be available in full in your account or the payment will be rejected and an overdraft fee may be charged. Multiple occurrences of failed payments could lead to cancellation of the Automatic Payment Plan service for one year.

NAME		DAYTIME PHONE NO.	
PRIMARY ACCOUNT NO.		CHECKING MICR/DDA NO.	MASTERCARD ACCOUNT NO.
ADDRESS	CITY	STATE	ZIP

By submitting this form, I authorize Tower Federal Credit Union to transfer funds from the account indicated above to my Tower Mastercard account on a monthly basis. I also agree that I have read the Member Account Agreement and Disclosures and will abide by its terms and conditions. I also acknowledge that I am over the age of 18.

MEMBER'S SIGNATURE	DATE
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FOR OFFICIAL USE:

Teller No.	Date
☐ New Auto Pay ☐ Change Auto Pay ☐ Cancel Auto Pay	
Comments/Instructions:	

FOR CARD SERVICES USE:

Teller No.	Date
Comments/Instructions:	