

М	For Credit Union Use Only
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CREDIT CARD AUTOMATIC PAYMENT

MEMBER INFORMATION
Name:
Address:
City, State, Zip:
Credit Card Number:
OSI Loan Number:
Please select ONE of the following payment options:
☐ Make a fixed monthly payment to my GTE Financial credit card of \$ (amount must meet or exceed the minimum payment)
☐ Make the minimum payment, which is 2% of the balance (account must be current to use the auto pay program).
Pay the balance of my GTE Financial credit card every month
☐ I wish to cancel my automatic payment at this time
Payment should be withdrawn from my:
GTE Savings account number:
GTE Checking account number:
Withdraw my monthly payment from my GTE Money Market account:
If funds are not in the specified account at the time of automatic payment processing, it is my responsibility to make the payment by some other means. I understand I will be charged the Non-Sufficient Funds (NSF) fee. I also understand that I may request to cancel this automatic payment at any time in writing, with my signature.
Member's Signature:
Date:

Mail: GTE Financial, P.O. Box 172599, Tampa, Florida 33672-0599 Fax: 813.414.8447

