

CREDIT CARD AUTHORIZATION FORM
METROPOLITAN SERVICES CREDIT UNION

Request date: _____

Member account number: _____

Member name: _____

Member email address: _____

I request that Metropolitan Services Credit Union submit a credit card debit transaction as follows:

Card number: _____

Expiration date: _____ CVV: _____

Amount: _____

For further credit to MSCU account: _____

___ Loan payment | Loan suffix _____

___ Share deposit

___ Other – explain:

This is a one-time single transaction to be submitted on: _____

This is a reoccurring transaction to begin on: _____

Monthly _____ Bi-weekly _____ Weekly _____ Annual _____

Stop this reoccurring transaction on: _____

Member signature: _____

Credit union signature: _____