



P.O. Box 660130, Arcadia, CA 91066-0130
626.445.0950
www.foothillcu.org

MASTERCARD AUTOMATIC PAYMENT REQUEST

I would like to have my MasterCard payment automatically deducted on the 25th of every month from my _____ on account number _____ for the following selection.

___ Minimum payment due

___ Total statement balance

___ Set dollar amount as long as it is more than the minimum payment due, amount of payment \$_____.

Note: If a payment is made manually before the 25th, an automatic transfer will **NOT** be made for that month.

Signature _____

Date _____