



Clearview Credit Card Easy Pay

Member Name:

Date:

Credit Card Account Number:

OPTION 1: PAY FROM A CLEARVIEW CHECKING ACCOUNT

Account #:

Share ID (If Known)

OPTION 2: PAY FROM ANOTHER (NON-CLEARVIEW) CHECKING ACCOUNT

Financial Institution Name:

Routing / Transit Number:

Checking Account Number:

Checking Account Number:

IMPORTANT: Please enter your checking account number twice for verification. If possible, please attach a voided check.

The amount of payment to be deducted monthly is:

Minimum Payment Due

Full Amount

Fixed Payment Amount Amount:

If the fixed payment is less than the required minimum payment, your account will be debited for the larger amount.

I hereby authorize Clearview to automatically process debit entries per this application. This authority will remain in effect until Clearview has received written notification of termination at least 30 days prior to the next billing. You can stop payment of any entry by notifying your financial institution (4) days before your account is charged. The return check fee for a dishonored withdrawal will be the same amount as fees charged for NSF checks.

Signature: