

**AUTOMATIC BILL PAYMENT APPLICATION FOR DUES**

NAME

HOME ADDRESS (Street and Number)

CITY/STATE/ZIP CODE (including 4 digits)

BUSINESS NO.

HOME NO.

Request automatic bill payment the 10th of each month from my Pearl Harbor Federal Credit Union Account No.: \_\_\_\_\_ [ ] Checking [ ] Savings  
 Effective Date: \_\_\_\_\_

- [ ] Regular Member: \$ 13 per month  
 [ ] Associate Member: \$ 13 per month  
 [ ] Retiree Member: \$ 6.50 per month

PAY TO: Federal Managers Association, Chapter 19, P.O. Box 29579, Honolulu, HI 96820-1979. I understand I may revoke this deduction by notifying FMA Chapter 19 in writing. I also understand if there are insufficient funds in my account, I will be charged a fee by Pearl Harbor Federal Credit Union.

SIGNATURE OF MEMBER

DATE

\*\*\*\*\*  
**AUTOMATIC BILL PAYMENT APPLICATION FOR FMA PAC**

NAME

HOME ADDRESS (Street and Number)

CITY/STATE/ZIP CODE (including 4 digits)

BUSINESS NO.

HOME NO.

Request automatic bill payment the 10th of each month from my Pearl Harbor Federal Credit Union Account No.: \_\_\_\_\_ [ ] Checking [ ] Savings  
 Effective Date: \_\_\_\_\_

- [ ] \$ 1 per month [ ] \$ 10 per month  
 [ ] \$ 5 per month [ ] \$ \_\_\_\_\_ per month

PAY TO: FMA PAC, c/o FMA, Chapter 19, P.O. Box 29579, Honolulu, HI 96820-1979. I understand I may revoke this deduction by notifying FMA Chapter 19 in writing. I also understand if there are insufficient funds in my account, I will be charged a fee by Pearl Harbor Federal Credit Union.

SIGNATURE OF APPLICANT

DATE

Orig: 1<sup>st</sup> VP

cc: Treasurer

Revised: 5/11/06