

Day Adventure Payment Form

Name of Adventure: _____

Participant Name: _____

Contact Number: _____

Payment Options:

Please fill out necessary information based on option selected.

- ____ Check
- ____ Deduction from MY Credit Union Account
- _____ Automatic Withdrawal from another financial institution
- _____ Credit Card (Visa, MasterCard & Discover accepted)

Payment by Check

Checks can be dropped off at any branch location, or mailed to:

MY Credit Union Adventure Club c/o Tara Kingsley 9550 Lyndale Ave S Bloomington, MN 55420

Please include the following information if you are mailing in your check.

Checks should be made payable to: MYCU Adventure Club.

Check No. _____ Amount Enclosed: _____

Deduction from MY Credit Union Account

Fill out the below information to permit MY Credit Union to pull funds from your MY Credit Union account.

Checking: _____ Dollar Amount: _____

Savings: _____ Dollar Amount: _____

I acknowledge these funds will be taken from my account

Signature



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Automatic Withdrawal

Fill out the below information to permit MY Credit Union to pull funds from your account at the below named institution.

Account Owner				
Financial Institution Name				
Routing Number				
Account Number				
	Checking	Savings		
Payment Amount		-		
I acknowledge these funds v	vill be taken from my accou	unt	Signature	
Credit Card			Signature	
Fill out the below information by Visa, MasterCard or Discov	•			ebit card backed
Cardholder Name				
Card Number			_	
Expiration Date		Security Code		_
Payment Amount				
Billing Address				
Street				_
City	State	Zip Code		_
Email Address				
I acknowledge these funds v	vill be taken from my accou	unt	<u> </u>	
			Signature	
For Credit Union Use Only	,			
Payment Processed On:				
Payment Processed By:				