

## Visa Autopay

Yes, I would like to have my The United Methodist Credit Union credit card payment made automatically.

Name \_\_\_\_\_ Date \_\_\_\_\_

(As it appears on credit card)

Credit Union Credit Card Account Number \_\_\_\_\_ (if known)

Please tell us from which account you would like the payments withdrawn:

Financial Institution Name \_\_\_\_\_ Routing # \_\_\_\_\_

Check One:

Savings \_\_\_\_\_ Checking \_\_\_\_\_ Account # \_\_\_\_\_

**(Please attach a voided check)**

I want to pay (Choose One):

Fixed Amount \$ \_\_\_\_\_ Minimum Payment \_\_\_\_\_

Percent of Balance % \_\_\_\_\_ minimum of 3% Balance in Full \* \_\_\_\_\_

\*(Balances will be calculated from previous month's statement)

I want the payment to be made on the \_\_\_\_\_ day of the month. *Days 29 through 31 are not available for this service.*

(If the payment date falls on a weekend or holiday, the payment will be processed on the previous business day to avoid finance charges.)

This authorization will not be effective until after one full statement cycle has occurred possibly taking up two (2) months. There is no fee for this service, however, if your account has insufficient funds to make the payment, a payment return fee will be charged to your credit card account. *(Please review the fee disclosure for your credit card.)*

If you wish to cancel, you must notify us in writing, at the address below, at any time up to 3 business days before the scheduled date of the transfer.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

JOINT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

You can fax this form with a copy of a VOIDED check to 1-804-672-0444

Or send to:

The United Methodist Credit Union  
P.O. Box 9798  
Richmond, VA 23228  
804-672-0200  
866-657-0004