

VISA Autopay Setup

Use this form if you would like to make your TUMCU VISA card payment automatically from an account at another financial institution.



Name: _____ Member # _____

VISA Credit Card # _____

Financial Institution Name: _____ Routing # _____

I want my VISA card to be paid with my: Checking Savings

Account # _____

I want to pay (balances will be calculated from previous month's statement):

Fixed Amount Percent of Balance Minimum Payment Full Balance
\$ _____ % _____

I want the payment to be made on the _____ day of the month.

Days 29 through 31 are not available for this service. All accounts have a 10-day grace period for payments. This authorization will not be effective until after one full statement cycle has occurred possibly taking up to two 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. If you wish to cancel, you must notify us in writing or by accessing your account online at any time up to three business days before the scheduled date of the transfer.

Signature(s) _____ Date _____

You can fax this form to 1-804-672-0444.

Or send it to our physical address at:
The United Methodist Credit Union
PO Box 9798
Richmond, VA 23228