



AUTOMATED VISA PAYMENT AUTHORIZATION FORM

Use this form to request an automated Visa payment. Be sure to sign this form and include the routing and account information from which your Visa bill will be paid. Your automatic payment will be set up with your next Visa payment.

Member Information

Name: _____

Credit Union Account Number: _____

Visa Credit Card Number: _____

Address: _____

Phone Number: _____

Payment Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Savings

Checking

Indicate how much you want to pay on your Visa bill each month:

Minimum Payment

Payoff Monthly Balance

Fixed Payment Amount: _____

I authorize Congressional Federal Credit Union to pay my Visa bill from the account above. I understand that I can discontinue this service at any time by writing to the Credit Union to cancel this service. By using the Automatic Visa Payment Plan, I signify that I agree to all the terms and conditions of the Electronic Funds Transfer Agreement and Disclosure Statement included with my confirmation letter.

Signature: _____ Date: _____