AFFCU
A FEDERAL CREDIT UNION

Visa® Platinum Card
Automatic Payments Authorization

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PRIMARY CARDHOLDER INFORMATION

PRIMARY CARDHOLDER NAME [PLEASE PRINT]	EMAIL ADDRESS		
STREET ADDRESS	CITY	STATE	ZIP
VISA ACCOUNT NUMBER	SOCIAL SECURITY NUMBER		

SECONDARY AUTHORIZED USER INFORMATION

AUTHORIZED USER NAME [PLEASE PRINT]	
DATE OF BIRTH	SOCIAL SECURITY NUMBER

AUTOMATIC PAYMENTS ACTIVATION AGREEMENT

I hereby authorize Air Force FCU to initiate monthly automatic withdrawals from my account indicated below for payments to my Visa Platinum Card identified above. I agree that Air Force FCU's rights in respect to each withdrawal shall be the same as if it were a check drawn on my account and that Air Force FCU shall be fully protected in honoring such a withdrawal. I further agree that if any such withdrawal is dishonored with cause, Air Force FCU is under no liability whatsoever if such dishonor results in late charges or revocation of my Visa Platinum Card.

I understand that it may take one full statement cycle for the payments to begin, and that the withdrawals will be on the due dates indicated on my Visa statements.

The amount of the payment to my Visa Platinum Card account to be withdrawn monthly is (check one):

☑ The minimum payment due ☐ The total unpaid balance ☐ A fixed amount greater than the minimum payment due: $ _____._____.

I authorize these payments to come from my: ☐ Checking Account ☐ Savings Account

Account # _____ Financial Institution: _____ Routing # _____

This authority is to remain in full force and effect until Air Force FCU has received written notification from me of its change or termination in such time and in such manner, as to afford the Credit Union a reasonable oportunity to act on it.

_____ _____ _____

SIGNATURE DATE PHONE NUMBER

AUTOMATIC PAYMENTS CHANGE AGREEMENT

I wish to make the following change to my Visa Platinum Card automatic payments agreement effective _____

The amount of the payment to my Visa Platinum Card account to be withdrawn monthly is (check one):

☐ The minimum payment due ☐ The total unpaid balance ☐ A fixed amount greater than the minimum payment due: $ _____._____.

I authorize these payments to come from my: ☐ Checking Account ☐ Savings Account

Account # _____ Financial Institution: _____ Routing # _____

This authority is to remain in full force and effect until Air Force FCU has received written notification from me of its change or termination in such time and in such manner, as to afford the Credit Union a reasonable oportunity to act on it.

_____ _____ _____

SIGNATURE DATE PHONE NUMBER

AUTOMATIC PAYMENTS TERMINATION AGREEMENT

Please cancel my agreement for automatic payments to my Visa Platinum Card indicated above effective _____. I understand that it will take at least one (1) statement cycle for the automatic payments to discontinue.

_____ _____ _____

SIGNATURE DATE PHONE NUMBER

Insured by NCUA.

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FOR CREDIT UNION USE ONLY:

Accepted by: _____ date _____ Processed by: _____ date _____