



## Visa® Autopay ACH Authorization Form

New Request       Amount or Options Change       Cancellation

Member Name (last name, first name)

Day Phone #

Evening Phone #

Visa account number

Make the following automatic payment to my Seattle Credit Union VISA account (select one):

- Minimum Monthly Payment
- Fixed Monthly Payment of \$
- Full Balance Monthly Payment

I hereby authorize Seattle Credit Union to transfer the above payment **from** the following institution one or two business days after the Seattle Credit Union VISA due date.

Institution

Routing & Transit #

Account #

Checking       Savings

**Please attach a voided check for the account to be charged to this form.**

Seattle Credit Union is not responsible for payments missed due to insufficient funds in the withdrawal account. If funds are not available, the standard NSF fee will be charged to the above Seattle Credit Union account and it will be the Visa cardholder's responsibility to arrange payment for the month. Seattle Credit Union has the right to cancel the above agreement with written notice if the funds are unavailable three (3) times in any twelve-month period. Withdrawals will be made on the second day after the Seattle Credit Union Visa due date unless the transaction date falls on a holiday or weekend, in which case the withdrawal will be made on the following business day. The transaction as shown on the cardholder's bank statement will act as the payment receipt.

**This authorization is to remain in full force and effect until Seattle Credit Union has received written notification from me (or either of us) of its termination in such time and manner as to afford Seattle Credit Union a reasonable opportunity to act on it.**

Member Signature \_\_\_\_\_ Date \_\_\_\_\_