



Visa AutoPay Authorization Agreement

Yes, I would like to have my Transportation Federal Credit Union credit card payment made automatically.

Name (As it appears on the card)	Date
Member #	Credit Card Number

Please tell us from which account you would like the payment withdrawn:

Financial Institution Name	
Account Number	Routing Number (Contact your financial institution to obtain correct information)

Type of account:

_____ Savings Account

_____ Checking Account

(Please attach a void check to form. Cannot be processed without attached check)

I want to pay (Check One):

Fixed Amount \$ _____ Minimum Payment \$ _____ Balance in Full \$ _____
(Balance will be calculated from previous month's statement)

Payments will be debited on statement due date.
(If payment date falls on a Saturday or holiday, payment will be made the next processing day.)

There is no fee for this service, however, if your account has insufficient funds to make the current payment return fee will be charged to your credit card account and other fees may be assessed by your financial institution.

If you wish to cancel, you must notify us either by the telephone number or address below, at any time up to 3 business days prior to the scheduled date of transfer. All oral notification must be followed up in writing within 14 days.

Note: Only one cancellation per year will be permitted. Transportation Federal Credit Union reserves the right to revoke your Autopay privilege after three insufficient fund transactions.

Member's Signature _____ Date _____

Staff Use Only

Signature _____ Date _____