

Visa[®] Cardholder Automatic Payment Authorization

Form Instructions

- 1 – Complete all applicable fields
- 2 – Print completed form
- 3 – Sign and date the **Signature** section

- 4 – Mail to:
Delta Community Credit Union
ATTN: Consumer Lending Department
Dept. 930/ATG **OR** P.O. Box 20541
Atlanta, GA 30320-2541
OR fax to 404-762-7539

Member Information

Member Name _____

Member CU Account Number _____

Automatic Payment Options

Choose a payment option from below:

- FULL BALANCE** of my last month's ending balance.
- MINIMUM PAYMENT** as of my last month's ending balance, plus the total amount delinquent as of my last month's billing date.
- FIXED AMOUNT** of _____ (this figure cannot be less than 2% of your established Visa limit, and must be in whole dollars). I understand that I am still responsible for payment of any balance that exceeds my credit limit, less the fixed payment amount from my account.

For statement cycles on the 10th of each month, payments will be processed on the 7th of each month.
For statement cycles on the 20th of each month, payments will be processed on the 17th of each month.

Account Information

Please indicate the Delta Community Credit Union account you would like payment to come from:

- Savings** _____ Savings Account Number
- Checking** _____ Checking Account Number

Cancel Automatic Payment Option

- Check here to cancel your automatic payment option before the next payment.

Signature

I authorize Delta Community Credit Union to automatically withdraw my Visa Payment from the account and payment option selected.

Signature _____

Today's Date _____

