

## Visa<sup>®</sup> 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 10<sup>th</sup> of each month, payments will be processed on the 7<sup>th</sup> of each month.  
For statement cycles on the 20<sup>th</sup> of each month, payments will be processed on the 17<sup>th</sup> 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 \_\_\_\_\_

