

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: Loan Servicing Department
P.O. Box 20541, Atlanta, GA 30320-2541
or Fax to: 470-351-6628

Member Information

Member Name

Delta Community Member 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 your next payment.

Signature

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

Signature

Date

