



## VISA AUTOMATIC PAYMENTS

Now, you can pay your AFFCU VISA bill automatically each month. You can choose to:

- ✓ Pay the full balance each month
- ✓ Pay the minimum payment that is due each month
- ✓ Determine a fixed payment amount for each month

You will still get your monthly statement. It will detail all of your monthly transactions and indicate the date the minimum payment is due.

AFFCU will automatically transfer the payment you have chosen for each month from your checking/share account to your VISA account. All you have to do is have the correct amount available in your checking/share account on your VISA payment due date. It is as simple as that. *And, it costs you nothing.*

Complete the form below and return it to AFFCU. We will do the rest. Never worry about your VISA bill again. Just be sure to deduct the appropriate amount from your checking/share account each month.

### AFFCU VISA AUTOMATIC PAYMENT AUTHORIZATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

VISA # 4301 \_\_\_\_\_ Member # \_\_\_\_\_

I authorize Atlantic Financial FCU to transfer funds from my AFFCU account, indicated below, to my AFFCU VISA account for automatic payment. Amount transferred is determined by the option I select below. Amount due is determined on the VISA billing date. The transfer will occur on the VISA payment due date. All this information is on my VISA statement. I understand it is my responsibility to assure adequate funds are available in my checking/share account on the payment due date. If the payment is to be deducted from my checking/share account and sufficient funds are not available for the required payment, an overdraft of my checking/share account will result, and I will be liable for fees incurred due to that overdraft. The only notification I will receive is my next monthly statement. I may change this election no more than 2 times within any 12 month period.

- Deduct from:  Share Savings    Checking
- Minimum Payment (Amount appearing in “Minimum Payment Due” block on my VISA statement.)
- Fixed Payment Amount \$ \_\_\_\_\_ (Amount must be more than 3% of my credit limit)
- Full Payment (Total New Balance amount on statement)

Signature: \_\_\_\_\_

Internal Use Only:
Proc. By: _____ Date: _____
Start Date: _____

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