



Authorization Agreement for Automatic Visa® Payment

I hereby authorize Bellco Credit Union to electronically transfer my Visa account payment via ACH debit from my checking or savings account.

Please initiate debit entries to my:

- Savings Account No. _____
- Checking Account No. _____

From the _____ (Depository Financial Institution)
 Their Routing Number _____ (Please enclose a voided check or savings deposit slip if possible)
 I want my payment to be made _____ (10–25) days after the statement closing date. (If left blank, "25" will be entered automatically).

PLEASE SELECT ONE OF THE FOLLOWING OPTIONS:

- I would like Bellco to make the minimum payment required, plus any past due amount.
- I would like Bellco to make the payment for the entire account balance appearing on the statement closing date.
- I would like Bellco to make the payment in the amount of \$_____, plus any past due amount, each month.
- I would like to cancel the current automatic payment I have set up for my Bellco Visa credit card.

NOTE: Based on the selection made above, the actual dollar amount withdrawn will be disclosed to you on the billing statement issued prior to the date of withdrawal.

I agree I am responsible and hold Bellco harmless for all fees against my account(s) as a result of this Agreement.

This authorization is to remain in effect until Bellco Credit Union receives written notification of termination. The cancellation must be received at least five business days prior to the date it is scheduled to pull from the account.

Please note, the payment may be reduced by any payments/credits posted after the statement closing date. Allow 1–2 billing cycles for this change to take effect.

Print Name: _____
 Signature: _____
 (Owner of Checking/Savings)

Phone No.: _____
 Date: _____

Please fax this completed form to Card Services at **1-855-775-2571**.

Office Use Only:			
Date Received _____	Processed _____	Denied _____	Incomplete _____
Comments _____			
Servicing Representative _____			