

Visa Credit Card Automatic Payment Form

Member Name: _____

Member Number: _____

Transfer From (check one):

- Savings (Sub 1)
 Checking (Sub 1)

Amount (check one):

- Minimum Payment Due Only
 Entire Balance Due
 Designated Amount \$ _____

Effective Date*: _____

**Allow 2-3 days for processing*

I authorize payments to be taken from my designated primary savings or checking account for my Visa Credit Card payment on the scheduled payment due date. I understand I am responsible for making sure there are adequate funds available in my account to cover my requested payment. If there are insufficient funds available to cover the payment amount, I understand that a partial payment will not be made and that I am responsible for making that month's payment, and that I will incur a \$25.00 return payment fee.

Member's Signature: _____

Date: _____

Daytime Phone Number: (_____) _____



Mid-Hudson Valley Federal Credit Union

P.O. Box 1429, Kingston, NY 12402

www.MHVFCU.com • 800.451.8373

Office Use Only:

Processed by: _____ Date: _____

Date of First Payment: _____