



VISA CREDIT CARD AUTO PAY FORM

(Recurring Payment from another Financial Institution)

Status: New Change

Please print clearly in blue or black ink. Sections 1-3 must be fully completed before submission.

SECTION ONE — MEMBER INFORMATION

PRIMARY NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL)	ACCOUNT NUMBER
ADDRESS	CITY, STATE, ZIP
HOME PHONE	DAYTIME PHONE

SECTION TWO — FINANCIAL INSTITUTION TO BE DEBITED

FINANCIAL INSTITUTION NAME	
ADDRESS	CITY, STATE, ZIP
ABA ROUTING TRANSIT NUMBER	ACCOUNT NUMBER <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS

PLEASE ATTACH A VOIDED PRE-PRINTED CHECK IF DEBITING A CHECKING ACCOUNT.
PLEASE ATTACH A COPY OF YOUR STATEMENT IF DEBITING A SAVINGS ACCOUNT.

Note: If the scheduled transfer falls on a non-business day it will take place on the next business day. Please request transfer date at least 3 days prior to due date.

Payment Options: (Please choose one below)

- Balance shown on monthly statement*
- Minimum payment due shown on monthly statement**
- Fixed dollar amount \$ _____ (indicate amount)***

Payment terms are according to the following:

*Statement balance less any credits posted up to 2 business days prior to AutoPay date.
 **Statement minimum payment or total amount due 2 business days prior to AutoPay date, whichever is less
 ***If statement minimum payment is greater than the fixed amount, AutoPay amount will be the minimum payment amount. If statement balance is less than the fixed amount, payment will be the amount of new balance; otherwise, the fixed amount selected will be equal to the AutoPay amount.

Start Date: _____
(will occur on same day each month)

SECTION THREE — ALLOCATION OF FUNDS AT NASA FCU

Apply Payment to Credit Card Number: _____

I hereby authorize the Financial Institution named in Section 2, to pay my NASA Federal Credit Union Visa credit card account. I agree that the treatment of and right in respect to each such charge shall be the same as if it were signed personally by me. I further agree that if such a charge is dishonored, whether with or without cause and whether intentionally or inadvertently, NASA Federal Credit Union shall be under no liability.

I understand that this EFT transaction is estimated to occur on the working day closest to the date indicated. I understand that if this transaction is returned to NASA Federal Credit Union unpaid, a return fee will be charged to my account.

**This authority is to remain in full force and effect until the Credit Union has received written notification from me (or either of us) of its termination in such time and in such manner as to afford NASA Federal Credit Union reasonable opportunity to act on it, or I have received notification of cancellation of this transaction from NASA Federal Credit Union.*

_____ Member Signature _____ Date

Please mail or return to a NASA Federal Credit Union representative. Thank you.

P.O Box 1910, Bowie, MD 20717-1910
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Visit us on the web at nasafcu.com