

**United States Senate
Federal Credit Union**



National Capitol Station P.O. Box 77920 ■ Washington, DC 20013-8920
 ■ E-Mail: service @ ussfcu.org ■ Internet: www.ussfcu.org ■ (202) 224-2967 ■ FAX (202) 224-0522

**AUTHORIZATION FOR
AUTOMATIC TRANSFER
OF VISA PAYMENTS**

Member Name:	Account Number:
Address:	Daytime Telephone Number:
City, State, Zip Code:	E-mail Address:

AMOUNT

Make my Senate Visa AutoPay payment for the (check only one):

- Full balance each month
- Minimum amount due each month
- Specific Amount: \$ _____

FROM WHERE

Deduct the monthly payment from my:

- Savings account
- Checking account

By signing below, you authorize the Credit Union to deduct your monthly VISA payment in the amount and from the account identified above on the 20th day of each month. You understand and agree that your payment obligations continue in the event that any payment is not made via automatic transfer or by any other pre-authorized means. If your account does not have sufficient funds to make any pre-authorized payment on your VISA Account on the date of any scheduled withdrawal, in addition to any Late Charges that may apply, we may, at our discretion, (a) continue our attempts to withdraw the amount specified above for a reasonable time period; (b) withdraw only the amount necessary to satisfy the Minimum Monthly Payment provisions of your Senate VISA Card Agreement and Disclosure (if the amount specified above is greater than your required Minimum Monthly Payment); and/or (c) discontinue our attempts to make your VISA payment as specified in this authorization, in which case, you will still remain obligated to make at least the required Minimum Monthly Payment by some other means. To cancel this authorization, you must notify the credit union in writing at least 10 days prior to the date of the next scheduled withdrawal.

Signature

Date

Date Processed by LQA:	LQA Employee:
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