4020 Fee Fee Road
Bridgeton, MO 63044
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www.vcu.com

Visa® AUTOMATIC PAYMENT AUTHORIZATION

VISA

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Vantage Credit Union Acct. # _____

Visa Credit Card Acct. # _____

Visa Automatic Payment From: ❒ VCU Checking ❒ VCU Regular Savings

❒ Other Financial Institution* _____

Routing & Transit # _____

Checking Account # _____

This option requires ten (10) business days for initial set-up.

Please indicate below the monthly amount that you would like Vantage Credit Union to automatically deduct from your checking/savings account to pay your Vantage Credit Union Visa Credit Card account.

Please check one:

❒ Minimum monthly payment

❒ $ _____ per month **(system requires a 3% minimum of approved credit limit)**

❒ Pay entire balance each month

❒ PLEASE CANCEL MY VISA AUTOMATIC PAYMENT
Cancelling this Authorization will result in an annual percentage rate (APR) increase as per the Credit Card Account Agreement.

NOTE: *We will initiate the above payment on the next Visa statement due date. If sufficient funds are not available on the day of transfer, a fee may be assessed and continued insufficient funds will result in your cancellation of this option, resulting in an APR increase as per the Credit Card Account Agreement.*

Your signature on this form is Vantage Credit Union's (VCU) authorization to complete the transfer listed above. This form completely terminates any previous Visa Automatic Payment Authorization. If you wish to change or cancel this transaction, please notify VCU in writing no later than three business days prior to when the automatic payment is to occur.

Signature _____ Date _____