

# Visa® AutoPayment Authorization Form



SCHOOL EMPLOYEES  
Lorain County Credit Union, Inc.

340 Griswold Road • Elyria, Ohio 44035  
440-324-3400 / 800-451-6315  
www.selccu.org

**Complete this form and mail to SELCCU to authorize automatic payment of your SELCCU Visa Platinum Rewards Credit Card.**

Visa Credit Card Account #: \_\_\_\_\_

I/We \_\_\_\_\_ (cardholder[s])  
authorize School Employees Lorain County Credit Union, Inc. to automatically make my/our  
monthly credit card payment.

**I/we want to pay:** (check one)

- Fixed Amount \$ \_\_\_\_\_
- Minimum Payment
- Balance in Full

**From My Account:** (check one)

- | Type                              | Account # |
|-----------------------------------|-----------|
| <input type="checkbox"/> Savings  | _____     |
| <input type="checkbox"/> Checking | _____     |
| <input type="checkbox"/> Other    | _____     |

**Financial Institution Information:**

Name of Financial Institution: \_\_\_\_\_  
Routing # of Financial Institution \_\_\_\_\_ (must be 9 digits)

**Withdraw the funds:** (check one)

- 10 days after the closing date
- 23 days after the closing date

**Effective:** I authorize payment to begin in \_\_\_\_\_ - \_\_\_\_\_ (Month/Year)

*An auto payment will not be generated for the minimum payment if the cardholder submits a payment that posts to the account prior to the autopayment date. I/We understand that I/we am/are responsible for the payment due on my/our VISA account if funds are not available in my/our deposit account. I/we understand that I/we have the right to terminate automatic payment at any time by contacting the Credit Union in writing. I/we understand that the request to stop the automatic withdrawal must be made in writing and received by the Credit Union three (3) business days before the scheduled withdrawal day. I/we understand that if my/our deposit account changes, is closed, or other action is taken, I/we am/are responsible for notifying the Credit Union.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

(Employee Initials) \_\_\_\_\_