

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) _____