



PRE-AUTHORIZED VISA PAYMENT AGREEMENT

MEMBER INFORMATION:

Member Name

Account Number

AUTOMATIC PAYMENT OPTIONS:

- FULL BALANCE** of my last month statement's ending balance
- MINIMUM PAYMENT** as of my last month's ending balance, plus the total amount delinquent as of my last month's billing date
- FIXED AMOUNT** of \$ _____ (greater than the minimum payment of 2.5% of the balance)

ACCOUNT INFORMATION:

Please indicate which Lebanon Federal Credit Union account you would like payments to come from:

- SAVINGS** _____
Savings Account Number Share ID
- CHECKING** _____
Checking Account Number Share ID

CANCEL AUTOMATIC PAYMENT OPTION:

- Check here to cancel your automatic payment option.*
*Please give us at least 10 days prior to your next automatic payment in order to cancel.

I (we) hereby authorize the Lebanon Federal Credit Union to initiate withdrawals from the account indicated above to pay my (our) credit card on our account.

I understand that I am still responsible for the payment due on my Lebanon Federal Credit Union Credit Card account if funds are not available in my deposit account. I further agree that if any such withdrawal is dishonored with cause, I will be subject to a service charge set forth by my financial institution as well as returned payment fee, which is disclosed on my Lebanon Federal Credit Union Credit Card Disclosures.

I understand that if my deposit account changes, is closed, or other action is taken I am responsible for notifying the Credit Union of any payment changes.

I (we) understand and agree that in order for Lebanon Federal Credit Union to make payments requested in this authorization form, I (we) must have the payment amount available in my (our) account.

Cardholder Signature

Date

Print Name

Daytime Phone

CREDIT UNION USE ONLY	
Date Received: _____	Date Processed: _____
Received By: _____	Processed By: _____