

VISA AUTOPAY APPLICATION

Please print this form and fax, mail, or drop off at the Credit Union. Signature required.

Fax# (540) 433-0108 Address: 1675 Virginia Ave, Harrisonburg VA 22802

IMPORTANT NOTE: When signing up for VISA AUTO PAY, you must continue to make a monthly payment until you receive notice on your VISA statement that the automatic payment is starting. It can take at least one billing cycle to set up.

Yes, I would like to have my Park View Federal Credit Union Visa Credit card payment made automatically.

Name _____

(As is appears on your credit card)

Credit Card Number : _____

Please give us information regarding the account you want the payments made from:

Financial Institution Name _____

Address & Phone # _____ (if not PVFCU)

Account # _____

Savings Checking _____ (choose one)

Routing # _____ (9 digits)

(Call your financial Institution if you don't know)

I want to pay (Check one):

Fixed Amount \$____ Minimum Payment ____ Balance in Full ____ Percent of Balance %____

I want payment to be made ____ (1-25) days after statement print date.

(If payment date falls on a Saturday or holiday, payment will be made the next processing day.)

There is no fee for this service, however, if your account had insufficient funds to make the payment, a \$10.00 payment return fee will be charged to your credit card account. If you wish to cancel, you may notify us either by calling or in writing, at the telephone number below or address above, at any time up to 5 business days before the scheduled date of transfer. You must follow up any oral notification, in writing, at the address above, within 14 days of the oral notification.

SIGNATURE _____

DATE _____ **Attach VOIDED Check here (if not PVFCU)**