



VISA PAYMENT AUTHORIZATION

I/We _____ (cardholder name)

authorize **B.O.N.D. Community Federal Credit Union** to **AUTOMATICALLY** withdraw one of the following.

PLEASE SELECT ONLY ONE OPTION

1. MINIMUM PAYMENT: as of my last month's ending balance plus the total of any delinquent amount (if any) as of my last month's statement. This will include any amount over my approved limit.

2. FULL BALANCE: as of my last month's ending balance, less any payments and posted credits made since last month's billing date.

3. FIXED AMOUNT: of \$ _____ (whole dollars.) This figure cannot be less than 3% of your established VISA limit. I understand that if the balance of my last statement is less than this amount, the lesser amount will be taken from my account. In the event my payment exceeds the fixed amount, I will be responsible for paying the additional amount due.

Please debit my member # _____ at **B.O.N.D. Community Federal Credit Union**.
P.O. Box 5286, Atlanta, GA 31107.

Payments will be applied to my **B.O.N.D. VISA Account #** _____

I understand that each monthly payment will be deducted prior to the 25th of each month, but not exactly on the 25th. (Please have the funds available in your account by the 20th of each month. This will assure you that your VISA payment will be processed.)

I understand that I am still responsible for the payment due on my VISA account if funds are not available in my deposit account. I understand that if funds are not available in my deposit account I will be assessed the current non-sufficient funds charge by the B.O.N.D. Community Federal Credit Union. I understand the B.O.N.D. has the option of dropping my account from automatic payment if funds are not available for transfer of payment for two (2) consecutive months. I understand that B.O.N.D. will notify me in writing should this occur. I understand that I have the right to terminate automatic payments at any time by contacting the Credit Union in writing. I understand that all requests for changes of my automatic payment may take up to 30 (thirty) days to process. I understand that if my deposit account changes, is closed, or other action is taken, I am responsible for notifying B.O.N.D. of any changes.

I understand that my monthly statement is notice of transfer amount and the transfer amount may vary from previous transfers.

BORROWER'S SIGNATURE _____ DATE _____

Credit Union Use ONLY:

Employee's Name _____ Signature: _____

Date Received: _____ Date & Time Processed: _____



Savings Accounts insured up to \$100,000 and IRA Accounts insured up to \$250,000 by the National Credit Union Share Insurance Fund (NCUSIF), administered by the National Credit Union Administration, a U.S. Government Agency.

