

A man with grey hair, wearing a light green t-shirt, is lying in a white rope hammock. He has his hands behind his head and is looking up towards the sky. The background is a bright, sunny outdoor setting with trees and a clear blue sky.

AutoPay - Visa® Payments Made Easy!

You can have your VISA payment made automatically! No more writing checks or worrying about due dates. Volt will transfer your credit card payment in the amount you indicate from your savings or checking account on the payment due date. You will continue to receive monthly statements as a record of charges and payments.

You can select one of three options for payment:

- The minimum payment for the month
- A fixed amount (equal to or greater than minimum payment)
- Total balance due for the month

Complete and return the authorization form (reverse) to get started.

So relax and simplify your life! Let Volt Credit Union make the payments for you.

2624 W Republic Rd. • voltcu.org • 417-448.0215 • 888-430-7199

AutoPay Authorization

Requests received by the 20th of the month will take affect that month.

Requests received after the 20th of the month will be effective the following statement cycle.

Return completed form to:

Mail: **Volt Credit Union**
PO Box 1217
Springfield MO 65801

Fax: 417.886.2406

In Person: 2624 W Republic Rd.
Springfield, MO 65807

Name _____ Account Number _____

Please Transfer: ☐ Minimum Payment of the balance each month
☐ Fixed amount (equal to or greater than the minimum payment due): \$ _____
☐ Total balance due

Please select the account from which you wish to have funds debited for AutoPay. Funds will be debited monthly. Credit Card account must be current to initiate debit entries.

I authorize Volt Credit Union to debit my:

☐ Checking Account # _____
☐ Savings Account # _____

I understand and agree that in order for Volt Credit Union to make payments requested in the Authorization Form, I must have the payment amount available in my account, or my account may be assessed a fee and the payment will not be made. This authority is to remain in full force and effective until I request that periodic payments be changed or terminated.

Signature

Date