

## VISA AUTOMATIC PAYMENT AUTHORIZATION

This form may be used by existing members with a MEFCU VISA credit card to authorize automatic payments on their VISA account. The application must be completed, signed and mailed or faxed to Mountain Empire FCU.

Member Name _____	Account # _____	
	<input type="checkbox"/> Master account (Savings)	
	<input type="checkbox"/> Share Draft (Checking)	
VISA Card # 4 1 1 5 _____		
___ New request	___ Change	___ Cancel
From my account, please deduct: ___ the total amount due    ___ the minimum required payment ___ other _____		
By signing below, I authorize Mountain Empire Federal Credit Union to initiate periodic withdrawals from the indicated account for payment on my VISA card. I understand that funds must be available in the account no later than close of business on the first day of each month. Failure to have sufficient funds available for the withdrawal will result in an insufficient funds fee as described in the Share Account Disclosure. I further understand that Mountain Empire FCU shall be fully protected in honoring the withdrawal and will be under no liability whatsoever should the withdrawal be dishonored with cause. This authority is to remain in force until Mountain Empire FCU has received written notification from me of its change or cancellation. To allow Mountain Empire FCU adequate time to make necessary changes, the notification must be received at least 15 days before the scheduled payment date.		
Signature _____ Date _____		

Mail to:

Mountain Empire Federal Credit Union  
1413 N Main St  
Marion, VA 24354

Fax to:

276-783-9303

For credit union use:

Effective date \_\_\_\_\_

App by \_\_\_\_\_

Member verif \_\_\_\_\_