



VISA AUTOPAY FROM DOCFCU ACCOUNT

NAME _____
CREDIT UNION ACCOUNT# _____
VISA CARD # _____
DAYTIME PHONE # _____

I authorize the Department of Commerce Federal Credit Union to transfer funds from my savings or checking account in accordance with the AUTOPAY option I select below as payment on my VISA account. The amount due is determined on the VISA “billing cycle closing date.” The actual transfer will occur on the VISA “payment due date.” All of this information will appear on my monthly VISA statement.

Select only one of the following AUTOPAY options:

- ___ FIXED PAYMENT OF \$ _____. Must equal or exceed 3% of your credit limit.
- ___ MINIMUM PAYMENT – The same amount that appears in the “minimum payment due” block on your VISA statement.
- ___ FULL PAYMENT- The same amount that appears in the “new balance” block of your VISA statement.

TRANSFER FROM (select only one): _____ Savings _____ Checking

Signature (I have read and understand
the member responsibilities and acknowledgements
attached to this form)

Date

This form may be submitted at any branch, mailed to the address at the top of this letter Attn: VISA Department or faxed to us at 202-219-1908

