

I authorize Alliant Credit Union to initiate debit and credit entries, as well as any necessary correction entries to the accounts listed below to pay my Alliant VISA® credit card.

**please print clearly**

## 1 Member Information

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First Name

Middle Initial

Last Name

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VISA® Account to Credit (16-digit)

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## 2 Payment Method and Authorization Agreement

**Save time and money— Receive a 0.4% interest rate reduction off your standard qualifying rate when you select an automatic payment option.**

*please check preferred payment method*

a-  AUTOMATIC PAYMENT FROM AN **ALLIANT CREDIT UNION ACCOUNT**

Account type to be debited:  Alliant savings **or**  Alliant checking

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Alliant Member Account Number

Account ID

b-  AUTOMATIC PAYMENT FROM **ANOTHER FINANCIAL INSTITUTION**

Account type to be debited (check one):

Savings **or**  Checking

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Financial Institution Name

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ABA Routing & Transit # (9-digit, on bottom of checks or deposit slips)

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Account Number

**If you selected method a or b, check one box from below to designate the amount of payment for your credit card that will be deducted monthly:**

The minimum payment indicated on my periodic statement.

The greater of \$25 or 2% of the unpaid balance plus any amount by which my balance exceeds my credit limit.

The total unpaid balance.

The fixed amount to be withdrawn monthly is \$\_\_\_\_\_.

A fixed amount greater than the minimum scheduled payment.

**NOTE: Interest rate reduction for automatic payment methods does not apply to introductory or promotional offers or punitive rates.**

## 3 Revoke All Auto Payments

I want to revoke all auto payments to my Alliant VISA credit card

*It may take up to 2 billing cycles to set up and change an existing ACH Debit on your account. You should continue to make all required payments until you confirm that the ACH Debit has been set up. Please see your Alliant VISA statement for confirmation of your ACH setup or changes. Debits will take place 2 days prior to the due date of your Alliant VISA® as indicated on your monthly statement.*

FOR APPLICATIONS WHERE AUTOMATIC PAYMENT FROM AN ALLIANT ACCOUNT IS SELECTED: I understand that I will be responsible for making sure there are sufficient funds in my account on the autopay date as indicated on my credit card statement.

FOR APPLICATIONS WHERE PREAUTHORIZED PAYMENT FROM AN ACCOUNT HELD AT ANOTHER FINANCIAL INSTITUTION IS SELECTED: I authorize Alliant Credit Union (Alliant) to initiate debit and credit entries via Electronic Funds Transfer through the Automated Clearing House (EFT-ACH) on my account at the depository financial institution listed herein to pay my Alliant VISA credit card. I further authorize Alliant to perform any necessary correction entries, as needed, to my account at the depository financial institution listed herein to pay my Alliant VISA credit card. I understand and agree that I must allow Alliant thirty (30) calendar days to process and initiate the EFT-ACH payment for my VISA credit card, and that my VISA credit card payments are due by the date(s) specified in my VISA credit card agreement; the EFT-ACH payment method does not, in any way, alter or change the obligations and/or requirements for payment of my VISA credit card. If the interest rate changes or if I take an advance against any line of credit (if applicable), I understand and agree that my EFT-ACH payment will be updated to reflect the change(s), per my VISA credit card agreement. I understand and agree that if my account at the depository financial institution I listed in section 2 does not have sufficient funds to make my VISA credit card payment, Alliant will not be responsible or liable for any penalties or charges assessed by any other financial institution as a result of such insufficiency. I acknowledge that, in the event Alliant's additional attempt to collect my payment via EFT-ACH is unsuccessful, I must make my VISA credit card payment by other means. I understand that Alliant will assess a fee to my VISA credit card(s), in addition to any other fees and/or charges, as a result of my account at the depository financial institution listed having insufficient funds. Refer to the VISA Credit Card Agreement at [www.alliantcreditunion.org](http://www.alliantcreditunion.org) for a complete list of fees. I understand that Alliant's advertised rates include the 0.4% interest rate reduction for automatic payment and that by choosing the automatic payment option, I qualify for the interest rate reduction of 0.4% off of my standard qualifying rate. If I accept the automatic payment option and cancel it at anytime, I agree that my APR will increase by 0.4%. Failure to make a successful VISA credit card payment via ACH three consecutive months may result in an automatic revocation of the ACH by Alliant and a rate increase of 0.4%. I agree to notify Alliant in writing at least thirty (30) days in advance to cancel this EFT-ACH payment authorization. In all instances, if my VISA credit card payment is posted after the due date, a fee may be assessed on the next statement cycle date. Refer to the VISA Credit Card Agreement at [www.alliantcreditunion.org](http://www.alliantcreditunion.org) for a complete list of fees.

## 4 Signature

**X**

Signature of VISA Account Holder (required) \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY:

**1 Processing:** Teller ID \_\_\_\_\_ Service Center/Dept. \_\_\_\_\_ Date \_\_\_\_\_

**2 Verification:** Reviewed by Teller ID \_\_\_\_\_ Date \_\_\_\_\_

**3 Imaging:** Forward to Document & Workflow (Steps 1 & 2 must be completed prior to Imaging.)

### COMPLETE AGREEMENT AND RETURN:

- Stop by your local Alliant Service Center
- Fax to 773-462-2095
- Mail to: Alliant Credit Union  
Attn: VISA Dept.  
P.O. Box 66945  
Chicago, IL 60666-0945
- Call 773-462-2000  
or toll-free 800-328-1935  
TDD/TTY 773-462-2300



Equal Housing Lender

11545 W. Touhy Avenue, Chicago, IL 60666  
[www.alliantcreditunion.org](http://www.alliantcreditunion.org)

