

Visa credit card authorization/revocation agreement for preauthorized payment

Please complete and sign in the space provided. Return completed form to the address above for processing. Thank you!

Member Name _____ **Visa account to credit:** _____

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.

Automatic Payment from an Alliant Credit Union Account

Please debit savings checking Alliant account #: _____ Account ID: _____

Automatic Payment from another financial institution

Financial Institution Name: _____
Please debit savings checking Account #: _____ ABA/Routing #: _____

The amount of payment I would like to be deducted monthly:

- The minimum payment indicated on my periodic statement. The greater of \$25 or 3% 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- The fixed amount to be withdrawn monthly is \$ _____.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.

Revoke preauthorized payment (ach debit)

- I would like to revoke all auto payments to my Alliant Visa credit card.

Signature and Agreement: Please read the following and sign and date below where indicated.

It may take 2 billing cycles to set up/change an 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 A VISA 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 A VISA WHERE AUTOMATIC 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 above 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.com for a list of fees. 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. 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.com for a list of fees.

X _____
Signature (required) Date

For Office Use Only

Teller ID: _____ Branch _____ Date _____

Reviewed by Teller ID _____ Date _____



**Federally insured by
NCUA**