OneAZ CREDIT UNION

VISA Automatic Payment - Start, Stop, Change Form

Instructions

1. Complete the application below.
2. Return the completed application:
   - to any OneAZ Credit Union branch,
   - via Fax: (602) 644-4767, or
   - via Mail: ATTN: VISA Support
     2355 W Pinnacle Peak Road
     Phoenix, AZ 85027
3. Retain a copy for your records.

Please check one box below:

Start

Stop

Change

Account Information

Name	Member Number	Account Number
Mailing Address		
Email	Phone	
Credit Card Number (16 digits)		

Payment

Payments can be made from your OneAZ Credit Union or other financial institution's checking account.

Routing Number	Account Number

Payment Amount (Select One):

☐ Pay the entire New Balance shown on my monthly statement.

☐ Pay the Minimum Payment Due shown on my monthly statement.

☐ Pay the following fixed dollar amount every month: _____

Terms & Conditions

Payment can be made from any checking account from most financial institutions in the United States. If there are insufficient funds in your account on the specified payment dates, OneAZ Credit Union ("the Credit Union") reserves the right to take payment in full when funds become available. **Note**: May take up to one billing cycle to start, stop, or change.

This authority will remain in effect until you notify the Credit Union in writing to cancel it, allowing reasonable opportunity to act, or if the Credit Union cancels pre-authorization.

Payment terms are according to the following:
- Statement New Balance less any credits posted up to two (2) days prior to payment date.
- Statement Minimum Payment or total amount due two (2) days prior to payment date, whichever is less.
- If the Statement Minimum Payment is greater than the Fixed Amount, the payment will be the minimum payment amount. If the Statement New Balance is less than the Fixed Amount, the payment will be the amount of the New Balance.
- If you choose to pay less than your Statement Balance, finance charges will be assessed according to your VISA Credit Card Agreement.

Acceptance

My signature below serves as my authorization to start, change, or stop automatic payments to the credit card indicated above and certifies that I agree to the Terms & Conditions above.

Signature	Date

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