



VISA AUTOPAY AUTHORIZATION FORM

I(We) hereby authorize America's Christian Credit Union to initiate debit entries from my checking/savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authorization will remain in effect until America's Christian Credit Union is notified by me(us) in writing to cancel it in such time as to afford America's Christian Credit Union a reasonable opportunity to act on it.

FROM: _____
Name of Financial Institution

Address of Financial Institution

Routing Transit Number Phone Number

[] Checking [] Savings

Account Number

TO: AMERICA'S CHRISTIAN CREDIT UNION

Visa Account Number Name on Visa Account

AMOUNT TO BE TRANSFERRED: (Please check one box only)
[] Minimum Monthly Payment [] Statement Balance Paid In Full

Payments will be transferred on the Visa due date. In the event that the funds are not available for transfer, you are responsible to send funds directly to America's Christian Credit Union for credit.

TERMINATION OF THIS AGREEMENT: You may cancel this agreement by giving us written notice. Your notice will be effective 5 days after we receive it.

Effective _____ (Date) the undersigned cancels this Automatic Visa Payment Transfer Authorization. I(We) understand that America's Christian Credit Union reserves the right to cancel this agreement and terminate this transfer, with or without cause, followed by a written notification to me(us). I(We) understand that the origination of an ACH transaction to or from my(our) account must comply with provisions of United States Law.

Signature Date

Name - Please Print

Signature Date

Name - Please Print

Address - Please Print