

# Visa- Automatic Payments Application

If a balance is owed, you will get a monthly statement showing all transactions. Please complete the following information. *Please Print.*

## Primary Account Holder

Name:	
Address:	
City:	
State:	
Zip:	
Your e-mail address	
Work Phone:	
Mother's Maiden Name:	
UIECU Visa Account Number:	
UIECU Account Number:	

## Choose one of the options below:

<input type="checkbox"/>	The Minimum Payment Plan, withdraws the minimum payment due, total amount delinquent and over limit amount as of your last month's statement balance.
<input type="checkbox"/>	The Percent of Balance Plan, withdraws a set percent of the balance each month. Please fill in the percentage you would like applied per payment cycle. (Minimum of 3%-UIECU's minimum VISA payment amount is 3% of the balance.) <input type="text"/> %
<input type="checkbox"/>	The Full Balance Payment Plan, withdraws the full balance due, as of your last month's balance; less any suspended disputes made since last month's billing.
<input type="checkbox"/>	The Fixed Payment Plan, withdraws a set amount and applies it toward your VISA balance each billing cycle.* Please fill in the amount you would like applied per payment cycle. \$ <input type="text"/>

\*In the Fixed Payment Plan, the set payment is applied unless your account balance is zero, even if your payment exceeds the account balance. If the minimum payment required is a larger amount than your set payment, the minimum payment for that cycle will be transferred.

(Over)

## Choose an account to make payments from

Choose a financial Institution:

- UIECU\* (skip to next section)
- Other, please fill in the following:

Institution Name:	
Routing #:	
Account #:	

### \*UIECU Account Withdrawal Authorization

Please choose one account and sub # to withdraw payments from.

Savings-Account #:		Sub #:	
Checking- Account #:		Sub #:	

## Agreement

By filling in the Automatic Payment Options and signing this application, I hereby authorize UIECU to withdraw payment from designated account on or about the statement due date of each month. I understand this payment plan will take effect when a confirmation message appears on my statement. I also understand that I am responsible for the payment due on my Visa account if funds are not available in my deposit account and that I may incur an NSF charge. I understand that I have the right to terminate automatic payments at any time by notifying the University of Illinois Employees Credit Union in writing. I understand that if my deposit account changes or is closed, I am responsible for notifying the University of Illinois Employees Credit Union Visa Department. I authorize the University of Illinois Employees Credit Union to automatically transfer UIECU Visa payment as described.

Find current information on rates and terms at [www.uiecu.org](http://www.uiecu.org) or call UIECU at 217.278.7700.

**Mail To:**  
**University of Illinois Employees Credit Union**  
**ATTN: VISA DEPT**  
**PO Box 500**  
**Champaign IL 61824-0500**

Signature X \_\_\_\_\_ Date \_\_\_\_\_

Signature X \_\_\_\_\_ Date \_\_\_\_\_