



Request for Credit Card Automatic Payment

I/We authorize the Vermont State Employees Credit to transfer a payment to my Vermont State Employees Credit Card from my designated account listed below as follows:

Credit Card to be credited: _____

Payment to be debited from my _____,
(Name of financial institution)

ABA/Routing Transit # _____

Checking/Share Draft Account # _____
(Checking account not held at VSECU submit a voided check)

Savings/Share Account # _____

The amount of the payment to be transferred is:

- The minimum payment due on the billing statement (amount will vary)
- A set payment of \$ _____ or remaining balance, whichever is less.
(If your minimum payment due exceeds the set payment amount, automatic payment will take the minimum payment due.)
- The full statement balance (amount will vary)

I/We understand that the payment will be processed on or around the due date indicated on the credit card statement and it is my/our responsibility to see that sufficient funds for payment are available in the account designated. In the event that sufficient funds are not in the account I/we understand that it is our responsibility to make other payment arrangements for that month an NSF fee may be applied to the designated account. This monthly transfer agreement shall be in force until written notification has been delivered to the Vermont State Employees Credit Union.

Date: _____

Member Name: _____

Member Signature: X _____

X _____