

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" value=""/> %
<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" value="\$"/>

*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.

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 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 _____