

VISA Automated Payment Service Agreement

By signing this agreement, you are authorizing the U. S. Postal Service Federal Credit Union (Credit Union) to make automatic monthly withdrawals from your checking/savings account(s) at another financial institution or USPS FCU to satisfy or partially satisfy the balance owed on your Credit Union VISA credit card account. The amount to be withdrawn from your account will be determined by your selection of one of the three options presented below. The automatic payment will be credited to your VISA account **on the due date**. This amount will be withdrawn from your savings or checking account with the Credit Union or other financial institution within three (3) business days after your VISA account has been credited. You will be notified of the payment amount via a line item message on your VISA account statement that reads, "**Automatic Payment - Thank You**", along with a message that appears above the "Transactions" summary section to inform you of the next auto payment credit date. It is understood that the automatic withdrawals will continue until the Credit Union is notified in writing by you that the transfers are to cease. In order to cancel the automatic withdrawal, a written notification must be received at least five business days prior to the next statement closing date, otherwise it will take effect the following month and any payment made by the Credit Union in the current month is the responsibility of the account holder and not the Credit Union. **The Credit Union may cancel your automatic payment arrangement after funds are unavailable to transfer two times over the lifetime of this agreement.**

Cardholder Automatic Payment Authorization

******Please Attach a Voided Check******

Primary Cardholder Name (Please Print) _____
Secondary Cardholder Name _____
Street Address _____
City _____ State _____ Zip _____
Bank/Credit Union Name _____ Account Number _____
Routing Number _____ Savings* _____ Checking _____
USPS FCU VISA Number _____

* Withdrawals from savings are performed as an ACH transaction and subject to Regulation D which limits covered transactions to six per month. At the time your payment is due if you have already performed six Regulation D transactions your Visa payment will not be withdrawn/paid.

I/we authorize the Credit Union to automatically withdraw:

_____ 1. The entire outstanding balance as printed on the current billing statement.
OR
_____ 2. The total minimum payment owed as printed on the current billing statement, including any delinquent, over limit and fee amounts.
OR
_____ 3. The fixed whole dollar amount of \$ _____ or the outstanding balance if the fixed amount is more. I understand that the minimum fixed amount must be at least 2% of my credit limit. If I exceed my credit limit or my account becomes delinquent, I am required to pay the delinquent and/or over the limit amounts if they exceed my fixed payment amount.

Regardless of the plan chosen above, the cardholder's VISA account may be charged up to \$25.00 if the automatic transfer does not occur due to insufficient funds in the deposit account; or \$35.00 if there was the same violation within the last 6 months. Also, the financial institution may charge your checking/saving accounts with an NSF transaction fee.

I understand that I am still responsible for any amounts due on my VISA account if funds are not available in my deposit account. I understand that I have the right to terminate the automatic payments at any time by contacting the Credit Union in writing. I understand that if my deposit account number changes, is closed, or other action is taken, I am responsible for notifying the U. S. Postal Service FCU VISA Department at: 7905 Malcolm Road, Suite 311, Clinton, MD 20735-1730.

_____	_____	_____	_____
Primary Signature	Date	Secondary Signature	Date

FOR CREDIT UNION USE ONLY

Received by _____ Date Received _____

Tel: (301) 856-5000 Toll-free: (800) USPS FCU www.uspsfcu.org Fax: (301) 856-4409