



Lower Columbia Longshoremen's
 Federal Credit Union
 629 14th Avenue
 Longview, WA 98632

www.lclfcu.org

360 423-2770

Toll Free 888 337-4404

VISA Autopayment Form

Member Name _____

Member Account # _____

Member VISA # _____

Please make my VISA Payment for me each month. This authorization shall remain in force until cancelled in writing.

AUTOMATIC PAYMENT OPTIONS

- ___ Make the minimum payment each month.
- ___ Make a payment of \$ _____ each month.
- ___ Pay the entire balance each month.

ACCOUNT OPTIONS

- ___ Share account # _____ at Lower Columbia Longshoremen's FCU.
- ___ Checking account # _____ at Lower Columbia Longshoremen's FCU.
- ___ My checking account at another financial institution. (Please provide a void blank check)

Institution Name _____

Routing Number _____

Account # _____

I understand that if fund are not available in the designated account the VISA payment will be reversed and any late charges applied to the account.

 Member Signature

 Date

CANCELLATION

Please cancel my automatic payment to my VISA account.

 Member Signature

 Date