

**REQUEST FOR AUTOMATIC CREDIT CARD PAYMENT**

I hereby request the following change(s) to my **USALLIANCE** Visa credit card ending in (last 4 digits only): \_\_\_\_\_

Please schedule automatic monthly payments from my (please check one):

☐ Checking Account #: \_\_\_\_\_

☐ Savings Account #: \_\_\_\_\_

Routing #: \_\_\_\_\_

Select one of the following payment options:

☐ Minimum Payment Due each month\*

☐ Balance in Full\*

☐ Fixed Amount\*: \$ \_\_\_\_\_

☐ Please cancel my existing automatic payment

\*It can take up to 1 billing cycle before automatic payments begin/end.

I understand and agree that this change is voluntary and that I remain obligated to pay all accrued finance charges each month regardless of the scheduled payment; that all payments remain due on the scheduled payment date; that this request is subject to final approval in accordance with Credit Union policy.

\_\_\_\_\_  
Member Name (Printed)

\_\_\_\_\_  
Member Number

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone Number

Please return your completed form by

**Mail:** USALLIANCE Financial  
411 Theodore Fremd Avenue, Suite 350  
Rye, NY 10580-1410  
Attn: Payment Solutions

**Email:** [memberservices@usalliance.org](mailto:memberservices@usalliance.org)

**Fax:** (914) 462-3530

<b>FOR CREDIT UNION USE</b>	Processed by:	Date:
	Maint Crd/Mgr. Review:	Date: