



Request For Automatic Credit Card Payment

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

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

Checking Account #: _____

Savings Account #: _____

Select one of the following payment options:

Minimum Payment Due each month*

Full Payment Due each month*

Fixed Amount*: \$ _____ . _____

Please cancel my existing automatic payment

*It can take up to 1 billing cycle before automatic payments begin/end. Three unsuccessful payment attempts will result in the cancellation of Autopay.

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 (print): _____ 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: Member Services
- Email: memberservices@usalliance.org
- Fax: (914) 881-3465

FOR CREDIT UNION USE

Updated By: _____ Date: _____

Maint Crd/Mgr. Review: _____ Date: _____