ALLIANT credit union

VISA® credit card authorization/revocation agreement for preauthorized payment (ach debit)

I authorize Alliant Credit Union to initiate debit and credit entries, as well as any necessary correction entries to the accounts listed below to pay my Alliant VISA® credit card.

please print clearly

1 Member Information

First Name _____ Middle Initial _____ Last Name _____

VISA® Account to Credit (16-digit) _____

2 Payment Method and Authorization Agreement

Save time and ensure your payment is received on time when you select an automatic payment option.
please check preferred payment method

a- ☐ AUTOMATIC PAYMENT FROM AN **ALLIANT CREDIT UNION ACCOUNT**

Account type to be debited: ☐ Alliant savings ***or*** ☐ Alliant checking

Alliant Member Account Number _____ Account ID _____

b- ☐ AUTOMATIC PAYMENT FROM **ANOTHER FINANCIAL INSTITUTION**

Account type to be debited (check one):

☐ Savings ***or*** ☐ Checking

Financial Institution Name _____

ABA Routing & Transit # (9-digit, on bottom of checks or deposit slips) _____

Account Number _____

If you selected method a or b, check one box from below to designate the amount of payment for your credit card that will be deducted monthly:

☐ The minimum payment indicated on my periodic statement.
The greater of $25 or 3% of the unpaid balance plus any amount by which my balance exceeds my credit limit.

☐ The total unpaid balance.

☐ The fixed amount to be withdrawn monthly is $_____.
A fixed amount greater than the minimum scheduled payment.

3 Revoke All Auto Payments

☐ I want to revoke all auto payments to my Alliant VISA credit card

It may take up to 2 billing cycles to set up and change an existing ACH Debit on your account. You should continue to make all required payments until you confirm that the ACH Debit has been set up. Please see your Alliant VISA statement for confirmation of your ACH setup or changes. Debits will take place 2 days prior to the due date of your Alliant VISA® as indicated on your monthly statement.

FOR APPLICATIONS WHERE AUTOMATIC PAYMENT FROM AN ALLIANT ACCOUNT IS SELECTED: I understand that I will be responsible for making sure there are sufficient funds in my account on the autopay date as indicated on my credit card statement. FOR APPLICATIONS WHERE PREAUTHORIZED PAYMENT FROM AN ACCOUNT HELD at ANOTHER FINANCIAL INSTITUTION IS SELECTED: I authorize Alliant Credit Union (Alliant) to initiate debit and credit entries via Electronic Funds Transfer through the Automated Clearing House (EFT-ACH) on my account at the depository financial institution listed herein to pay my Alliant VISA credit card. I further authorize Alliant to perform any necessary correction entries, as needed, to my account at the depository financial institution listed herein to pay my Alliant VISA credit card. I understand and agree that I must allow Alliant thirty (30) calendar days to process and initiate the EFT-ACH payment for my VISA credit card, and that my VISA credit card payments are due by the date(s) specified in my VISA credit card agreement; the EFT-ACH payment method does not, in any way, alter or change the obligations and/or requirements for payment of my VISA credit card. If the interest rate changes or if I take an advance against any line of credit (if applicable), I understand and agree that my EFT-ACH payment will be updated to reflect the change(s), per my VISA credit card agreement. I understand and agree that if my account at the depository financial institution I listed in section 2 does not have sufficient funds to make my VISA credit card payment, Alliant will not be responsible or liable for any penalties or charges assessed by any other financial institution as a result of such insufficiency. I acknowledge that, in the event Alliant's additional attempt to collect my payment via EFT-ACH is unsuccessful, I must make my VISA credit card payment by other means. I understand that Alliant will assess a fee to my VISA credit card(s), in addition to any other fees and/or charges, as a result of my account at the depository financial institution listed having insufficient funds. Refer to the VISA Credit Card Agreement at www.alliantcreditunion.org for a complete list of fees. Failure to make a successful VISA credit card payment via ACH three consecutive months may result in an automatic revocation of the ACH by Alliant. I agree to notify Alliant in writing at least thirty (30) days in advance to cancel this EFT-ACH payment authorization. In all instances, if my VISA credit card payment is posted after the due date, a fee may be assessed on the next statement cycle date. Refer to the VISA Credit Card Agreement at www.alliantcreditunion.org for a complete list of fees.

4 Signature

X _____

Signature of VISA Account Holder (required) Date

FOR OFFICE USE ONLY:

1 Processing: Teller ID _____ Service Center/Dept. _____ Date _____

2 Verification: Reviewed by Teller ID _____ Date _____

3 Imaging: Forward to Document & Workflow (Steps 1 & 2 must be completed prior to Imaging.)

COMPLETE AGREEMENT AND RETURN:

- Stop by your local Alliant Service Center
- Fax to 773-462-8793
- Mail to:
  Alliant Credit Union
  Attn: VISA Dept.
  P.O. Box 66945
  Chicago, IL 60666-0945
- Call 800-328-1935 (24/7)
  TDD/TTY 773-462-2300

ALLIANT credit union

P.O. Box 66945, 11545 W Touhy Avenue
Chicago, IL 60666-0945
www.alliantcreditunion.org

Equal Housing Lender

Your savings federally insured to at least $250,000 and backed by the full faith and credit of the United States Government
NCUA
National Credit Union Administration, a U.S. Government Agency

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