



VISA® AUTOPAY AUTHORIZATION AGREEMENT

Yes, I would like to have my Utilities Employees Credit Union (UECU) VISA credit card payment made automatically.

Name (as it appears on credit card)

UECU Member Number

UECU Credit Card Number

Select one of the following account source options:

Payment from UECU Checking Account # _____

Payment from UECU Share Account # _____

Payment from another financial institution. I hereby authorize UECU to initiate the electronic transfer of my UECU VISA payment from my account at the Financial Institution named below.

ABA/Transit Routing Number _____

Account Type (select one)

Account Number _____

Checking Savings

(For a checking account please provide a voided check for this account unless you have provided one with a previous Autopay Agreement.)

Select one of the following monthly payment options:

Balance in full as shown on previous month's statement.

Minimum payment

Fixed amount: \$ _____* or minimum payment due.

*If this amount is less than the minimum payment, minimum payment will be made.

Payment will be made 25 days after the date your statement is printed. If payment date falls on a Saturday, Sunday, or holiday, payment will be made the following business day.

It is understood and agreed that: This authority is to remain in effect until UECU receives written notification from me of revocation in such time and manner as to afford a reasonable opportunity to act on termination. Notifications can be made to UECU via fax (610-927-4029) or mail to: PO Box 14864, Reading, PA 19612-4864. I further understand that UECU or my financial institution reserve the right to terminate VISA Autopay and/or my participation in it at any time. Available funds sufficient to cover the payment amount must be in the account named above on the payment date.

Signature _____

Date _____

Home phone _____

Work phone _____

Email address _____



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Select one of the following account source options:

Payment from UECU Checking Account # _____

Payment from UECU Share Account # _____

Payment from another financial institution. I hereby authorize UECU to initiate the electronic transfer of my UECU VISA payment from my account at the Financial Institution named below.

ABA/Transit Routing Number _____

Account Type (select one)

Account Number _____

Checking Savings

(For a checking account please provide a voided check for this account unless you have provided one with a previous Autopay Agreement.)

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Balance in full as shown on previous month's statement.

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Signature _____

Date _____

Home phone _____

Work phone _____

Email address _____

IN CASE OF ERRORS OR QUESTIONS ABOUT VISA® AUTOPAY ELECTRONIC TRANSFER:

Call: (610) 927-4000 or (800) 288-6423
Fax: (610) 927-4029
Write: Utilities Employees Credit Union
PO Box 14864
Reading, PA 19612-4864
Email: advantages@uecu.org

If you think your statement or receipt is wrong, or if you need more information about a transfer listed on the statement or receipt, we must hear from you no later than 60 days after we sent the FIRST statement on which the problem or error appeared.

- (1) Tell us your name and account number.
- (2) Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- (3) Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will tell you the results of our investigation within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days to investigate your complaint or questions. If we decide to do this, we will re-credit your account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not re-credit your account.

If we decide that there was no error, we will send you a written explanation within three business days after we finish our investigation. You may ask for copies of the documents that we used in our investigation.

We will transfer automatic payments to your Utilities Employees Credit Union VISA card account each month, 25 days after the billing date, in the amount of a fixed payment, minimum payment, or full balance. If you wish to verify an automatic transfer payment, you may call us at the telephone number above or view your account activity using the *Advantages Online*™ service. Utilities Employees Credit Union does not charge to provide this service; however, if there are not sufficient funds to complete the payment, a \$15.00 fee will be added to your credit card balance.

You may stop payment of a pre-authorized electronic transfer payment by notifying us in writing at the address set forth above, or by calling us at the telephone number set forth above, in time for us to receive your request three business days or more before the scheduled day of the transfer.

We may be liable for losses if we fail to stop payment of a pre-authorized transfer from your account when instructed to do so in accordance with the terms and conditions set forth above.

We will disclose information to third parties about your account or the transfer you make:

- (1) where it is necessary for completing the transfer.
- (2) in order to verify the existence and condition of your account for a third party, such as a credit bureau or merchant.
- (3) in order to comply with government agency or court orders.
- (4) if you give us your written permission.
- (5) as allowed in compliance with NCUA Regulation 716, Privacy of Consumer Financial Information.

These electronic funds transfers may vary in amount from the previous transfer. Your monthly statement shall serve as our notice of the amount to be transferred.