## AutoPay Visa Credit Card Enrollment



I hereby authorize Midwest Coalition of Labor Credit Union to initiate withdrawals from my savings or checking account to pay my MCLCU Visa credit card each month on the payment due date.

| Name:                                   |                       |  |
|---|-----------------------|--|
| Address:                                |                       |  |
| Financial Institution Na                | me:                   |  |
| Routing Number:                         |                       |  |
| Account Number:                         |                       |  |
| Account Type: 🗌 Shar                    | re Draft (Checking)   | Share Account (Savings)  |
|   | <u>Select Your Pa</u> | ayment Option (Select one  |
| 🗌 Minimum payn                          | nent as it appears on | your credit card statement   |
| Pay off the full s                      | statement balance     |  |
| Fixed amount e                          | each month of \$      |  |
|   | <u>Credi</u>          | t Union Information  |
| Midwest Coalition of Labor Credit Union |                       | Phone: (708) 482-9606  |
| Credit Card Number:                     |                       |  |
| Account Holder Name                     | »:                    |  |
| -                                       |                       | ice, I understand that I must notify MCLCU in writing.<br>1p to 60 days from date of request to process. |
| Signature:                              |                       | Date:  |
| Please return to:                       | Countr                | oalition of Labor Credit Union<br>6240 Joliet Rd<br>ryside, Illinois 60525<br>x: (708) 482-9622          |
| *****                                   |                       | **************************************   |
| Date:                                   | Employee Initials:    |  |