



VISA® AUTO PAY

Name (Please Print)

VISA Card Number

Payments may be made from your SeaWest checking or savings account on the 1st or 15th of each month:

1st of each month

15th of each month

SeaWest Checking Account #

SeaWest Savings Account #

Or, payments may be made from another financial institution, *checking account only*:

Financial Institution

Checking Account # (Please include voided check)

- Please select a payment plan:
- Minimum Payment
 - Total Unpaid Balance
 - A fixed amount or 2% of the balance, whichever is greater. The fixed amount to be withdrawn each VISA billing cycle is \$_____ (even dollars only).

By signing this form, I/we agree that SeaWest Coast Guard Federal Credit Union's rights with respect to each withdrawal shall be the same as a check drawn on my/our account and personally signed by either one of us, and that you shall be fully protected in honoring such a withdrawal. I/we further agree that if a withdrawal is dishonored with cause, the Credit Union shall be under no liability in the event such dishonor results in late charges or revocation of my/our VISA card.

I/we agree that this authority will remain in effect until the Credit Union has received written notification from either of us, of its termination in such a manner as to afford the Credit Union a reasonable opportunity to complete the termination.

I/we understand that it will take approximately two cycles before the program takes effect and will continue making payments until a message appears on my/our VISA statement indicating the date of the first credit.

Signature

Date

Signature

Date

Note: Your completed Visa Auto Pay Form can be mailed to:

SeaWest Coast Guard FCU
P.O. Box 4949
Oakland, CA 94605

Or, faxed to:

510-434-6001