

Name: _____

Member Number: _____

Address: _____

Visa Credit Card Auto Pay Authorization

- ❶ Indicate your request: Start Auto Pay Change Existing Set Up Cancel Auto Pay
- ❷ Select a payment option: Minimum Payment Last Statement Balance Set Amount \$ _____

❸ Specify one payment account:

Checking Account:

- SECUWA Account Number _____ Checking sub # _____
- Other Financial Institution Checking Account: **a voided check must be attached**

Savings Account:

- SECUWA Account Number _____ Savings sub # _____
- Other Financial Institution Savings Account

Financial Institution Name: _____

Routing Number (9 digits): _____

Savings Account Number: _____

❹ Read, sign and date the authorization

I authorize School Employees Credit Union of Washington to initiate debit entries on the payment due date, and to initiate, if necessary, adjustments for any entries made in error to my account indicated above. This authority will remain in full force and effect until School Employees Credit Union of Washington has received a written notice of its termination in such time and manner as to afford SECU of WA and the receiving financial institution a reasonable opportunity to act on it. School Employees Credit Union of Washington reserves the right to cancel this agreement at any time.

Signature: _____ Date: _____

- ★ A request to **Start** Auto Pay from your SECUWA account requires your signature.
- ★ A request to **Start**, **Change** or **Cancel** Auto Pay from another financial institution requires your signature.