



CAP COM Financial Center
4 Winners Circle • Albany, NY 12205
(518) 458-2195 | (800) 468-5500 | fax (518) 458-2261
www.capcomfcu.org

Other Branch Locations
Brunswick • Clifton Park • Cohoes • Colonie
Glenmont • Latham • Niskayuna • North Greenbush

AUTOMATIC CLEARING HOUSE (ACH) VISA® PAYMENT

I/We hereby authorize CAP COM Federal Credit Union to debit my/our account at the financial institution named below and to apply such transfers to my/our Credit Union VISA account as indicated.

ACCOUNT TO BE DEBITED:

Name of Financial Institution
Financial Institution's Routing/Transit or ABA Number
Account Number Savings Account OR Checking Account

Select one of the following payment types:

The LAST STATEMENT BALANCE as of my/our last month's ending balance, minus any cycle-to-date payments or credits.

The MINIMUM PAYMENT as of my/our last month's ending balance, including any delinquent amount as of my/our last month's statement.

SPECIFIC AMOUNT of \$ (The minimum payment will be taken if it exceeds the Specific Amount chosen.)

I/We understand that I am/We are still responsible for payment of any balance that exceeds my /our credit limit less the automatic payment amount from my account at CAP COM Federal Credit Union.

Payments will be applied to my/our CAP COM VISA Account#

I/We request that this authorization for my/our VISA payment commence with the VISA payment due for the month of, 20. This authorization must be completed and received by Capital Communications Federal Credit Union at least 30 days before the first electronic transfer is made. It is the Credit Union's intention to make the authorized payment on the VISA payment due date of each month.

I/We understand that I am/We are still responsible for the payment due on my/our VISA Credit Card account, if funds are not available in my/our deposit account. If there are insufficient funds in my/our account to cover the automatic VISA payment, there will be a fee for the returned item.

I/We understand that the Credit Union retains the right to discontinue this automatic debit transfer should two (2) incidences of insufficient funds occur within a six (6) month period.

I/We understand that I/We have the right to terminate payments at any time by contacting CAP COM Federal Credit Union in writing at least three (3) business days prior to the next scheduled VISA payment due date.

Member/Cardholder Name

Signature Date

Daytime Phone