



Visa® Credit Card Payment Options Form

United Nations Federal Credit Union
Court Square Place
24-01 44th Road
Long Island City, NY 11101-4605

T: +1 347-686-6000 email@unfcu.com
F: +1 347-686-6413 www.unfcu.org

Primary Member Name (First) (MI) (Last)

Member Number UNFCU VISA Credit Card Number

Please Read All Sections Carefully

Section A

Please select the payment option that best suits your needs, then sign, date and return this form to UNFCU at the return address below. Failure to have sufficient funds in the designated account will result in the reversal of your payment and removal from Autopay.

Payment Options-check the appropriate box indicating which account you would like your payment to be debited from and write your account number in the space provided. Please note that payments cannot be made from any Savings account that has a loan secured against it.

- Pay the minimum payment when due from my Savings Account _____ or Checking Account _____
- Pay the full balance when due from my Savings Account _____ or Checking Account _____
- I promise to make payment by cash, money order or check by the due date.

***Please note that Autopay takes one full statement cycle to take effect from the date the request is processed. In order to avoid a late payment, please ensure that you make your VISA Credit Card payment via your usual method by the due date.**

Section B

Deduction from final entitlements

In accordance with applicable staff rules, I hereby authorize my employer to deduct from all or part of my final entitlements any funds that may be necessary to satisfy any loan and interest due to UNFCU in the event that I cease to be employed before such loan is paid in full. Should the final entitlements be insufficient to repay all funds to UNFCU, I understand that I am responsible for the remaining funds due and promise to repay these monies as scheduled by UNFCU.

X _____ / /
Member Signature Date Signed (MM/DD/YY)

Please return this form to: United Nations Federal Credit Union, Court Square Place 24-01 44th Road Long Island City, NY 11101-4605 USA, Attn: Card Services.

For Office Use Only

Teller Name (First) (MI) (Last) _____ / /
X Teller Signature Date Signed (MM/DD/YY)