Andrews FEDERAL CREDIT UNION

5711 Allentown Road, Suitland, MD 20746

VISA

Visa® Automated Payment Service
Amendment to Credit Card Agreement

This Amendment changed the amount of the payments I agree to make each month on my credit card account through Automatic Clearing House (ACH) debit to my designated financial institution account as I have indicated below. Effective immediately, payments will be made between the dates set forth below in the amount set forth below each month, even though my credit card monthly statement will continue to disclose a Minimum Payment Due as calculated by my original credit card agreement and a different Payment Due Date. I must continue to make payments in the amount set forth below until Andrews Federal and I agree in writing to payments of a different amount or Andrews Federal or I cancel this Amendment.

Cardholder Automatic Payment Authorization

I/We Primary Cardholder Name (Please Print)	Enter Andrews Federal Visa® Card Number	
Daytime Phone Number	If payment due date each month is:	Funds for automated payment will be withdrawn each month between
	9th	1st and 6th
Andrews Federal Credit Union Account Acct No.: _____ (Check one) ___ Checking ___ Savings	17th	10th and 15th
	27th	22nd and 26th
**Outside Account Information: Financial Institution Name:_____ Routing Number: _____ Acct No.: _____ (Check one) ___ Checking ___ Savings	**IMPORTANT NOTE: For payments from outside financial institution accounts, a "VOIDED" check is required for a checking account. For savings account, verification from your other institution is required (i.e. a bank statement or letter from your institution showing ownership of the account).	

I authorize Andrews Federal to automatically withdraw from my designated financial institution account as I have indicated between the dates shown above and apply to my Visa® account balance (CHECK ONE OF THE FOLLOWING)

☐ The New Balance shown on the most recent monthly statement, less any payments I made after the Statement Closing Date.

☐ The Minimum Payment Due shown on the most recent monthly statement plus the total amount past due. ***Note:*** *Auto payment will not take any over limit amount. You must pay this amount to us separately.*

☐ The fixed amount of $ _____ (whole dollar amount only), but not less than 3% of credit limit for a Visa® Platinum Basic or Visa® Platinum Secured account or 2% of the credit limit for a Visa® Titanium, Visa® Platinum or Visa® Simplicity account and not more than the New Balance shown on the most recent monthly statements, less any payments I made after the statement closing date.

I am still responsible for the Minimum Payment Due on my Visa® account if the funds are not available in my designated financial institution account. I have the right to terminate automatic payments and cancel this Amendment at any time by notifying Andrews Federal in person, by phone or in writing at the above address and Andrews Federal may cancel this Amendment at any time without prior notice. If my designated financial institution account changes, is closed, or other action is taken, I must notify Andrews Federal at the above address. I agree to be bound by the Automated Clearing House Association rules. These rules provide, amongst other things, that payments originated by you, are provisional until final settlement is made through a Federal Reserve Bank or payment is otherwise made as provided in Article 4A 403(a) of the Uniform Commercial Code. If we do not receive such, we are entitled to reverse the payment in the amount credited to your Andrews Federal Visa®.

_____ _____

Primary Cardholder Signature Date

Credit Union Use Only	Date Completed _____ Operators Initials_____