



VISA® CARD AUTOPAY AUTHORIZATION FORM

AppleFCU.org

P.O. Box 1200, Fairfax, VA 22038-1200 703-788-4800 Fax: 703-667-8703

Please complete one form per Credit Card account.

Name: First	MI	Last	Suffix	Member No.
Action Type: <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel		Monthly Payment Option: <input type="checkbox"/> Last Statement Balance <input type="checkbox"/> Amount _____ <input type="checkbox"/> Minimum		
Apple Account To Transfer From		Visa Credit Card No.		

I authorize Apple Federal Credit Union (Apple FCU) to initiate electronic debits drawn on my above-designated Apple FCU account on the due date shown on my above-designated Apple FCU Credit Card monthly statement. This authority is to remain in effect until revoked by me in writing to Apple FCU with at least 30 days' notice.

I agree that such electronic debits shall be as if it were a check drawn on my Apple FCU Checking account and personally signed by me, and that Apple FCU shall be fully protected in honoring such a debit. If the funds are not available from my Apple FCU Checking account or its Line of Credit to honor such a debit, the payment will not be made and an insufficient funds fee will be assessed. I agree that if I incur three (3) such insufficient funds fees within a six (6) month period, my AutoPay agreement with Apple FCU is subject to termination. I further agree that if any such electronic debit is dishonored with cause, Apple FCU shall be under no liability whatsoever if such dishonor results in late charges or revocation of my above-designated Apple FCU Credit Card.

Member's Signature ▶	Date (MM/DD/YYYY)
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If you're unable to electronically sign and email this form, additional options to submit this form include faxing it to 703-667-8703 or mailing it to Apple FCU, ATTN: Credit Card Operations, P.O. Box 1200, Fairfax, VA, 22038-1200.

CREDIT UNION USE ONLY:

Branch:

Teller No.: