

# With Your MMFCU VISA, Benefits Await You.



[mmfcu.org](http://mmfcu.org)

**COMPLETE THE FORM BELOW AND RETURN IT TO ANY  
OFFICE OR MAIL TO: PO BOX 746, BRAINERD, MN 56401**

## AUTO PAY

I authorize Mid Minnesota Federal Credit Union to initiate automatic payment to my MMFCU VISA credit card from my checking/savings account at the financial institution named below. This payment will post to my MMFCU credit card account on the 12th of each month and funds will be drawn from the below account the following business day.

This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged. A complete disclosure will be sent to me prior to the first automatic payment. I also understand that any delinquent amount due will be paid in full from my checking/savings account with the first automatic payment.

**I WANT TO PAY EACH MONTH (check one):**

Fixed amount \$ \_\_\_\_\_  Minimum amount  Balance in Full

*If payment falls on a Saturday, Sunday or Holiday, payment will be made the next processing day.*

Name of Financial Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account No. : \_\_\_\_\_ Routing No.: \_\_\_\_\_  Checking  Savings (check one only)

## SIGNATURE REQUIRED

Name: \_\_\_\_\_ MMFCU VISA# \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_