

American Eagle Financial Credit Union, Inc.

VISA® Payment by Automatic Transfer

TRANSFER FROM (Check one): Savings Checking

NAME

<input type="checkbox"/> New	<input type="checkbox"/> Change	<input type="checkbox"/> Cancel
Account #	SS#	

NAME	Visa #
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PAYMENT OPTIONS (Check one)	<input type="checkbox"/> Minimum	<input type="checkbox"/> Full Balance	<input type="checkbox"/> Fixed \$ _____
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NAME	Visa #
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PAYMENT OPTIONS (Check one)	<input type="checkbox"/> Minimum	<input type="checkbox"/> Full Balance	<input type="checkbox"/> Fixed \$ _____
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NAME	Visa #
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PAYMENT OPTIONS (Check one)	<input type="checkbox"/> Minimum	<input type="checkbox"/> Full Balance	<input type="checkbox"/> Fixed \$ _____
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SIGNATURE Account Owner

DATE

Please send completed form to Card Services Department.



Visa Payment by Automatic Transfer
315-024 (Rev. 01/2015)