



## Visa Transfer

Cardholder Name: \_\_\_\_\_ Visa card # \_\_\_\_\_

I authorize Winthrop Area Federal Credit Union to transfer my Visa credit card payment from the following account number \_\_\_\_\_ on the 25<sup>th</sup> of each month.

Please check one:

\_\_\_\_\_ Option 1: Transfer a specific amount other than the payment. \$ \_\_\_\_\_

\_\_\_\_\_ Option 2: Transfer the Visa balance due each month.

\_\_\_\_\_ Option 3: Transfer the minimum monthly payment.

\_\_\_\_\_ I do not wish to have my payment transferred automatically. I will make arrangements to make my own monthly payment.

I understand that I have a choice of paying my Visa directly or by means of automatic transfer. I understand that if funds are accumulated in my shares, I may withdraw them before they are credited to my Visa account, but if I do, I must make other arrangements to meet my scheduled payment.

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

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