

CAROLINA COLLEGIATE FCU

VISA Automatic Payment Plan

APPLICATION

Please select your payment option:

_____ Pay minimum payment amount (2% of balance including past due amount and/or any amount over credit limit).

_____ Pay off balance each month.

_____ Pay set amount of \$_____._____

VISA Account Number:_____

Member Number_____

Name_____

Phone_____

Amount Drafted from _____Checking _____Savings

Other_____

Member #, Acct ID or Acct #_____

Signature_____Date_____

**Mail or deliver to
Carolina Collegiate FCU, 710 Pulaski Street, Columbia, SC 29201**

If sufficient funds are not in the designated account or cannot be covered by overdraft option in time for the automatic payment, Member is responsible to make the payment by some other means. Member will be charged a non-sufficient funds fee of \$20. Automatic payments may be cancelled at any time by written notice to Carolina Collegiate.