NIH Federal Credit Union
ACH AutoPay Visa Credit Card Enrollment Application

I hereby authorize the NIH Federal Credit Union to initiate withdrawals from my NIHFCU savings or checking account to pay my NIHFCU Visa credit card each month on the payment due date.

Automatically debit my

[ ] NIHFCU Share Draft Account (checking)
[ ] NIHFCU Share Account (savings)
[ ] External Checking Account

Name _____

Address _____

Financial Institution _____

Account Number _____

Routing Number _____

Select Your Payment Option (check one)

[ ] Minimum payment as it appears on your credit card statement

[ ] Pay off the full statement balance

[ ] Fixed amount each month of $_____

NIHFCU Credit Card Information

NIH Federal Credit Union Phone: 301.718.0208 or 800.877.6440 (toll-free)

Credit Card Number _____

Print Name _____

Signature _____ Date_____

If at any time, I wish to terminate this service, I understand that I must notify NIHFCU in writing and give NIHFCU a reasonable opportunity to act on my request. AutoPay request may take up to 60 days from date of request.

Please print and return to:
NIH Federal Credit Union
Attn: Card Services
P.O. Box 6475 | Rockville, MD 20849-6475