

# AUTO PAY

## HIGHLIGHTS

### AUTOMATIC VISA PAYMENT FROM

Checking or Savings  
\*

### CONVENIENCE

No need to write checks.  
\*

### 3 PAYMENT OPTIONS

Minimum Payment  
Full Payment  
Fixed Payment  
\*

### PAYROLL DEDUCTION

Increase your payroll amount to cover your VISA  
payment



If you have any questions regarding ACH  
AUTO PAY please call  
METRO at (847)670-0456.

**METRO FEDERAL CREDIT UNION**  
2440 E. Rand Road  
Arlington Heights IL 60004  
Main (847) 670-0456  
Fax (847) 670-0401

### BUSINESS HOURS

#### LOBBY

Monday-Friday 8:00 am - 5:00 pm  
Saturday 8:00 am - 1:00 pm

#### DRIVE-THRU

Monday-Friday 8:00 am - 5:00 pm  
Saturday 8:00 am - 1:00 pm

Internet: <http://www.mcu.org>  
E-mail: [accountservices@mcu.org](mailto:accountservices@mcu.org)



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# METRO AUTO PAY

- APPLICATION
- HIGHLIGHTS
- CREDIT INSURANCE



- AUTOMATIC MONTHLY VISA  
PAYMENTS DIRECTLY FROM  
YOUR METRO SAVINGS OR  
CHECKING ACCOUNT.



# VISA AUTO PAY APPLICATION

I, (we) hereby authorize **METRO Federal Credit Union**, to initiate withdrawals from the account indicated below to pay my (our) METRO VISA CREDIT CARD.

ACCOUNT # \_\_\_\_\_

I, (we) agree that your rights in respect to each withdrawal shall be the same as if it were a check drawn on my (our) account and personally signed by either of us and that you shall be fully protected in honoring such a withdrawal. I (we) further agree that if any such withdrawal is dishonored with cause, **METRO Federal Credit Union**, shall incur no liability whatsoever if such dishonor results in late charges or revocation of my (our) card.

Please withdraw from METRO Account Number \_\_\_\_\_  SAVINGS  CHECKING

NAMES on account: \_\_\_\_\_  
 \_\_\_\_\_

The amount of payment for my (our) METRO Visa credit card to be deducted (once) monthly is: {CHECK ONE}

\_\_\_\_\_ The minimum payment or 3% of the balance, whichever is greater.

\_\_\_\_\_ The total unpaid balance.

\_\_\_\_\_ Fixed payment - fixed amount designated by cardholder.  
 (Automatically adjusted to Minimum Payment Due on current statement if fixed amount is too low to meet minimum. Automatically adjusted to full balance of current statement if fixed amount is higher than balance.) THE FIXED AMOUNT TO BE WITHDRAWN MONTHLY IS \$ \_\_\_\_\_

This authorization remains in effect until **METRO Federal Credit Union** has received written notification from me (or either or us) of its termination. I (we) understand that ACH AUTO PAY will deduct funds from my checking or savings account, based on the selection above, and credit my METRO Visa Account **five days prior** to the due date. If the payment amount is not available in my checking or savings on the due date, I (we) understand I will be responsible for making that monthly payment and I will be subject to any applicable service fees.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## CREDIT INSURANCE

### Your Application for Credit Insurance

"You" or "your" means the member and joint insured (if applicable).

Credit Insurance is voluntary and not required to obtain this credit card. You can get this insurance only if you check the "yes" box below, sign your name, and write in the date. The rate you are charged for insurance is subject to change. You will be given a 31 day advance written notice before increase goes in effect. You have the right to stop this insurance by notifying METRO Federal Credit Union in writing. Your signature below means you agree that:

- If you elect insurance, you authorize METRO Federal Credit Union to add the charges for insurance to your loan each month.

I elect the following insurance coverage:

Single Credit Disability  Yes  No  
 Single Credit Life  Yes  No  
 Joint Credit Life  Yes  No

\*Per \$100 of your monthly balance



Coverage's	Cost*	Insurance Premiums	Disability	Life
Single Credit Disability	15¢	Maximum Monthly Benefit	\$750	N/A
Single Credit Life	5.5¢	Maximum Amount of Loan Insurable**	\$50,000	\$50,000
Joint Credit Life	8.8¢	Maximum Age for Insurance	66	70

\*\* This amount may be less the amount of your loan.

If you are disabled for more than 30 days, the Disability Benefit will begin on the 31st day of disability.

\_\_\_\_\_  
Date of Birth                      Applicant Signature                      Date

\_\_\_\_\_  
Date of Birth                      Co-Applicant Signature                      Date  
 (Eligible For Joint Credit Life Only)

Note: This insurance product is not insured or Guaranteed by the Government or NCUA.

AGREEMENT FOR PRE-AUTHORIZED VISA PAYMENTS (ACH)

**NOTE: PLEASE ALLOW UP TO 2 VISA STATEMENT CYCLES FOR THE PROCESS TO BEGIN.**