

Monthly Statement Payoff of Visa Balance (Request Form)

Please note that by completing this form, signing, mailing or faxing to LBS Financial Credit Union, you are authorizing us to transfer your monthly Visa statement balance from your designated Share Savings or Share Draft (Checking) account to your designated Visa account every month, until you notify LBS Financial in writing to discontinue this request.

Member Information

Last Name	First Name	Middle Initial
Street Address	City	State
Home Phone#	Cell Phone#	

Account Information

LBS Financial Visa account card type to pay in full in each month:

Visa Classic
 Visa Gold

_____ LBS Financial Credit Union Visa Account Number

LBS Financial account type (Savings, Checking or Money Market) you would like the payment to be deducted from each month:

Account Type:
 Savings
 Checking Suffix (8 or 9): _____
 Money Market

Designated Payment Date: (Date that the above transaction will occur each month)

1st of each month
 2nd of each month
 5th of each month
 10th of each month
 15th of each month
 20th of each month
 25th of each month

Account Agreement Information

I authorize LBS Financial Credit Union to transfer my monthly Visa statement balance on the designated date above from the selected account and suffix. I understand that if the monthly statement payoff amount is not available in the designated account/suffix, the transaction will not occur at which point I am responsible to provide payment by other means. I request that this process continue until I notify LBS Financial Credit Union in writing of my intention to discontinue this service.

Member Signature

Date

Fax to: 714.934.3483