



651.291.1515
800.899.5626
hiway.org

AUTHORIZATION/CANCELLATION FOR AUTOMATIC VISA® PAYMENTS/TRANSFERS

Complete if Visa payment is to be taken from Hiway Credit Union®:

You authorize Hiway to initiate debit entries to your: Checking Account # _____
Savings Account # _____

The amount of the payment for your credit card to be deducted approximately 25 days after the closing of each statement is (check one):

- Minimum payment due
- Balance due in full
- Fixed payment \$ _____

Complete if Visa payment is to be taken from another financial institution:

You authorize Hiway and the financial institution named below to initiate debit entries to your: Checking Account # _____
Savings Account # _____

(please enclose a copy of a VOIDED check or VOIDED deposit slip)

The amount of the payment for your credit card to be deducted approximately 25 days after the closing of each statement is (check one):

- Minimum payment due
- Balance due in full
- Fixed payment \$ _____

Name of Financial Institution:

Telephone #:

Address of Financial Institution: (include city, state and zip)

Financial Institution Routing #: (first 9 digits on the bottom of your check)

Check here to cancel automatic Visa payments.

You authorize Hiway to initiate variable entries to your checking/savings account as described above. This authority will remain in full force and effect until you provide Hiway with a written authorization requesting that a change be made or that periodic payments be terminated. You must provide this written authorization as to change or termination so that it is received by Hiway at least 30 days prior to any change or termination requested.

You understand and agree that in order for Hiway to make any payment requested in this Authorization Form, you must have the payment amount available in your account, or your account may be assessed an NSF fee.

You further understand and agree that Hiway shall not be responsible for any act or failure to act on its part, except in the case of gross negligence or willful misconduct. Furthermore, you agree to hold Hiway harmless from any claims, liabilities, attorney's fees and other expenses of any and every kind of nature which may be incurred by Hiway by reason of its performance under this Authorization Form.

Member Name:	Visa Account #:
Joint Tenant Name:	

 X
Member's Signature _____ Date _____

 X
Joint Tenant's Signature _____ Date _____

To initiate Automatic Visa Payments; print, sign and return this completed form to 111 Empire Drive, St. Paul, MN 55103 or Fax to 651.291.2574.

CANCELLATION MUST BE IN WRITING WITHIN 30 DAYS PRIOR TO CHANGE