To: Card Services Department
        Fax# 314-329-9890

AUTOMATIC VISA PAYMENT AUTHORIZATION

Date: _____

Member Name: _____

Member Number # _____

I authorize Neighbors Credit Union to Institute an Automated Preauthorized Visa Payment for me Each Monthly Billing Cycle with The Following Options I Have Selected:

I would like the following payment option:
       (Select Only One Option by Placing an "X")

_____**Full Payment**:
        Total Balance of my most recent statement (CU code 4 and 7)
        _____ Checking
        _____ Savings

_____ **Minimum Payment**:
         Minimum Payment Minus any Credits/Payments, Returns (CU code G and I)
        _____ Checking
        _____ Savings

_____ **Fixed Payment**: $_____.00 = Fixed Amount to be pulled every month
         Specific amount pulled every month even if a Payment is made (CU code J and K)
        _____ Checking
        _____ Savings

*If Your Transfer Is Rejected Due to Insufficient Funds there will be a $30.00 fee taken from either you're checking or savings (Whichever is Applicable). If your payment is returned three (3) consecutive months, auto pay will be removed from your account.

**Your first payment will be made from your selected account even though your statement does not state that you are set up for the Automatic Payment. Each statement thereafter will state the amount and the date that your payment will be applied to your Visa account.

***Payment amount selected must be equal to or greater than the minimum contract payment amount.

Member Signature x _____ **Date** _____