



P.O. Box 1300
Fairfax, VA 22038
703-218-9900
NextMarkCU.org

Autopay Authorization Agreement

Yes, I would like to have my NextMark Credit Union Visa Credit Card Payment automatically debited from my account.

Name: _____ **Date:** _____

Card number: _____

Please tell us from which account you would like the payment withdrawn:

Account #: _____

I want to pay (check one):

- Fixed Amount** \$_____ (Must cover the minimum payment, calculated at 3% of the balance or \$25.00, whichever is greater.)
- Minimum Payment only**
- Balance in full**

By checking the boxes above and signing below, you certify that the information on this application is complete, true and submitted for the purpose of obtaining the electronic debit requested. You acknowledge receipt of and agree to the terms of the Autopay Authorization Agreement.

Signature: _____ **Date:** _____