



Icon
credit union

(208) 344-7948
(800) 877-3174
iconcreditunion.org

VISA CREDIT CARD AUTOPAY AGREEMENT

Member Information

Yes, I would like to have my Icon Credit Union credit card payment made automatically.

Date: _____ Name (as it appears on credit card): _____

Credit Card Account Number:

Please withdraw the payments from my Icon Checking Member Number: _____ ID Number: _____

Please withdraw the payments from the following account: _____

Financial Institution Name: _____ Checking Account Number: _____

Routing Number: _____ (Call your financial institution if you don't know)

I want to pay monthly (check one):

Fixed Amount

Balance in Full

Minimum Payment (3.50% of balance)

Percent of Balance % _____ (greater than 3.50%)

Note: Balances will be calculated from the previous month's statement

Payment will be made on the 21st day after the statement date. It may take up to two billing cycles for the autopay to begin. Please monitor account and make monthly payment if necessary. If payment date falls on a Saturday or holiday, payment will be made the **next** processing day.

There is no fee for this service, however, if your account has insufficient funds to make the payment, a \$25.00 payment return fee will be charged to your account. You will be responsible for any additional charges that may occur from insufficient funds on the account you authorized payment from.

If you wish to cancel, you may notify us either by calling or in writing, at the telephone number or address set out above, at any time up to 3 business days before the scheduled date of the transfer. You must follow up any oral notification, in writing, at the address set forth above, within 14 days of the oral notification.

Attach VOIDED check here

Signature: _____ Date: _____



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IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

Call us at: (208) 344-7948 or 1 (800) 877-3174

Write us at: Icon Credit Union
1010 N. Whitewater Park Blvd.
Boise, Idaho 83703

If you think your statement or receipt is wrong, or if you need more information about a transfer listed on the statement or receipt, we must hear from you no later than 60 days after we sent the FIRST statement on which the problem or error appeared.

- 1) Tell us your name and account number.
- 2) Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- 3) Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will tell you the results of our investigation within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days to investigate your complaint or questions. If we decide to do this, we will re-credit your account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not re-credit your account.

If we decide that there was no error, we will send you a written explanation within three business day after we finish our investigation. You may ask for copies of the documents that we used in our investigation.

Automatic payments to your Icon Credit Union card account are limited to one transfer per month, in the amount of fixed payment, minimum payment, full balance, or percentage of balance.

Icon Credit Union does not charge to provide this service; however, if there are not sufficient funds to complete the payment, a \$25.00 fee will be added to your credit card balance. There may also be an additional charge that may occur from insufficient funds on the account you authorized payment from.

You may stop payment of a pre-authorized electronic transfer by notifying us in writing at the address set forth above, or by calling us at the telephone number set forth above, at any time up to 10 business days before the scheduled day of the transfer. However, we require written confirmation of the stop payment order to be made within 14 days after you call us. Written confirmation should be sent to the address shown above. If written confirmation is not received, the oral stop payment order shall cease to be binding 14 days after it has been made.

We may be liable for your losses if we fail to stop payment of a pre-authorized transfer from your account, when instructed to do so, in accordance with the terms and conditions set forth above. We will disclose information to third parties about your account or the transfers you make:

- 1) where it is necessary for completing the transfer,
- 2) in order to verify the existence and condition of your account for a third party, such as a credit bureau or merchant,
- 3) in order to comply with government agency or court orders, and
- 4) if you give us your written permission.

These electronic funds transfers may vary in amount from the previous transfer. Your monthly statement shall serve as your notice of the amount to be transferred. Your signature on the Icon Visa Credit Card Autopay Agreement form indicates you have made this election.