

Please print, complete and mail to:

Landmark Credit Union
Attn.: Credit Card Department
P.O. Box 510870
New Berlin, WI 53151-0870



Automatic Credit Card Payment Request



Your Name (printed) _____

Address _____ City, State _____ Zip _____

Daytime Phone _____

Withdrawal **FROM** Landmark Account: Member # _____ Checking Savings

or

Withdrawal **FROM** Other Financial: FI Name _____ FI Routing Number _____

Account # _____ Checking Savings

Payment **TO** Landmark Credit Card Number (last four digits of card only) _____

Choose One: Full Balance Due Minimum Due Fixed Dollar Amount \$ _____

(Fixed payments are the larger of your minimum payment due or your fixed dollar amount.)

I understand that I am still responsible for the payment due on my credit card if funds are not available in my deposit account. I understand that I have the right to terminate automatic payments at any time by contacting Landmark in writing. I understand that if my deposit account number changes, is closed, or other action is taken, I am responsible for notifying Landmark Credit Union.

Signature _____ Date _____

If you have any questions, please call (262) 796-4500, ext. 6609.