

Please print, complete, sign and mail to:
Landmark Credit Union, Box 510870, New Berlin 53151-0870.

You're worth more here.



Automatic Credit Card Payment Request



Print Name _____

Address _____ City, State _____ Zip _____

Home Phone _____ Work Phone (optional) _____

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

TO Landmark Credit Card Number _____

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.

Signed _____ Date _____

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