

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.