



Spirit of Alaska Federal Credit Union

Automatic Credit Card Payment Request

Date Submitted _____ Phone # _____

Member Name _____

Last Four Digits of Credit Card _____

- I would like to cancel my automatic credit card payments.
- I would like to set up automatic credit card payments.

From Account # _____

Checking Savings

First Automatic Payment Date*** _____

*****MUST BE BETWEEN THE 1st and the 20th of the month.**

Payment Amount

- Minimum Payment Due From Statement
- Current Balance
- Previous Statement Balance
- Other Amount \$ _____

Other Request

Signature _____

Date _____

Mail this signed form to Spirit of Alaska Federal Credit Union, 1417 Gillam Way, Fairbanks, AK 99701, or fax it to 907-459-5986. For questions, call 907-459-5970.