



Overnight Adventure Payment Form

Name of Adventure: _____

Participant Name: _____

Contact Number: _____

Payment Options:

Please fill out necessary information based on option selected.

- MY Credit Union Visa Points (overnight trip only)
- Gift Certificate (overnight trip only)
- Check
- Deduction from MY Credit Union Account
- Automatic Withdrawal from another financial institution
- Credit Card (*Visa, MasterCard & Discover accepted*)

MY Credit Union Visa Points

Points must pay for entire balance of overnight trip. Point amount required available on trip brochure.

Cardholder Name: _____ Phone: _____

Card Number: _____

Number of Points to be debited: _____

I agree to have MY Credit Union deduct the number of points listed above from the MY Credit Union Visa listed above.

Printed Name: _____

Signature: _____ Date: _____

Gift Certificates

Gift Certificates may be used one per person on overnight adventures only.

Gift Certificate Amount: _____ Gift Certificate Code: _____

If your Gift Certificate does not contain a code, please email adventureclub@mymncu.org and mail/drop off gift certificate to:

MY Credit Union Adventure Club
c/o Tara Kingsley
9550 Lyndale Ave S
Bloomington, MN 55420



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Payment by Check

Checks can be dropped off at any branch location, or mailed to:

MY Credit Union Adventure Club
c/o Tara Kingsley
9550 Lyndale Ave S
Bloomington, MN 55420

Please include the following information if you are mailing in your check.

Checks should be made payable to: MYCU Adventure Club.

Check No. _____ Amount Enclosed: _____

Deduction from MY Credit Union Account

Fill out the below information to permit MY Credit Union to pull funds from your MY Credit Union account.

___ Checking: _____ Dollar Amount: _____

___ Savings: _____ Dollar Amount: _____

I acknowledge these funds will be taken from my account _____
Signature

Automatic Withdrawal

Fill out the below information to permit MY Credit Union to pull funds from your account at the below named institution.

Account Owner _____

Financial Institution Name _____

Routing Number _____

Account Number _____

___ Checking ___ Savings

Payment Amount _____

I acknowledge these funds will be taken from my account _____
Signature



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Credit Card

Fill out the below information to permit MY Credit Union to pull funds using your credit or debit card backed by Visa, MasterCard or Discover – including the MY Credit Union Rewards Visa!

Cardholder Name _____

Card Number _____

Expiration Date _____ Security Code _____

Payment Amount _____

Billing Address

Street _____

City _____ State _____ Zip Code _____

Email Address _____

I acknowledge these funds will be taken from my account _____
Signature

For Credit Union Use Only

Payment Processed On: _____

Payment Processed By: _____