



Loan Payment Designation Form

Member Name: _____ Member Number: _____

Loan Number: _____ Telephone Number: _____

Change my cash payment to an automatic **monthly** payment from account # _____ with the payment amount of \$ _____ on the _____ day of every month.

Change my cash payment to an automatic **bi-weekly** payment from account # _____ in the amount of \$ _____ beginning _____.

Change my cash payment to an automatic **weekly** payment from account # _____ in the amount of \$ _____ beginning _____.

Change my payment from automatic transfer to cash payments.

By signing below, I understand that if I make a payment on or before the due date, the automatic payment will still be processed according to this authorization. I also acknowledge that if the funds are not available for transfer on the scheduled date of payment, the transaction will not take place. However, if funds become available in the selected deposit account within ten (10) calendar days of the scheduled payment date, the payment will be automatically transferred.

Signature: _____ Date: _____

Office Use Only:

Request completed by: _____

MSR #: _____ Date completed: _____