



LOAN PAYMENT TRANSFER AUTHORIZATION

Members Name _____ Account Number _____

AUTHORIZATION

Cancel Previous Transfer

I hereby cancel authorization to transfer funds to make monthly payments

Change Current Transfer

I hereby authorize AFCU to make the following changes to my current transfer

New Transfer

I hereby AFCU to make monthly transfers to pay on the following loans under my account number

Loan Number	Payment Amount	Due Date (monthly)	Transfer From:		
			Savings (X)	Checking (Z)	Other Account/Suffix (Y)
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

NOTE

- Shareway and Line of Credit loans are due on the 30th of each month
- Automatic transfers can be made for the minimum payment only
- VISA Credit Card payments are due on the 28th of each month, either the minimum payment or the full balance, to avoid finance charge, can be transferred automatically
- Transfers cannot be made if this causes your share savings balance to drop below the minimum required amount or if funds are not available

I agree that I will not withdraw the funds in my account which are to be transferred for loan payment(s). I also agree to notify the credit union in writing if I desire any changes in this authorization.

SIGNATURE

X _____ Date _____

CREDIT UNION USE ONLY		
Posted by _____	Branch _____	Date _____
Seat# (If posted by a Call Center Employee) _____		



LNPMT