

automatic loan payment request



PO Box 2100, Beaverton, OR 97075
503.644.4034 425.747.2431
Fax 503.526.3276 800.637.0852

Member Name: _____

Account Number: _____

Payment Authorization

Loan Suffix: _____ Transfer from Suffix _____

I/we authorize the Credit Union to establish my/our loan payment of \$ _____ as instructed above, beginning _____.

I/we understand that these adjustments do not affect the other terms of my/our indebtedness. I/we grant the Credit Union permission to make these adjustments to my/our account as verbally instructed and hold the Credit Union harmless against any errors or omissions that may occur.

Signature _____ Date _____ X _____

For Credit Union Use Only

L.O. Signature _____ Date _____ Present Loan Balance _____