

## REQUEST FOR AUTOMATIC LOAN ACH PAYMENT

**Member Information** 

Borrower Name	Co-	Co-Borrower Name			
Address					
City		State		Zip co	de
Phone Number				Email Address	 S
Member/Loan Number				Payment Amo	ount
Payment pull date (please circle): 5 <sup>th</sup> 1	0 <sup>th</sup>	15 <sup>th</sup> 20 <sup>th</sup>	$25^{\text{th}}$	beginning:	
Bank Account Information					
Account Holder Name		Financial Institution Name			
A/Routing Number Account N				Account Num	ber
Checking Savings		Rec'd by:_			
I authorize Heritage Grove Federal Credit Unio specified above. The transfer will be made mor above. If the due date falls on a weekend or ho This authorization will remain in force until I can understand that if the bank information I provid am responsible for any applicable non-sufficier any future automatic payments may be cancell if the bank information is incorrect, or there are payment.	nthly c bliday, ncel it led is i nt fund led. I a	on the due da HGFCU will by contaction incorrect, or l fees or late also understa	ate as s I transfo ng HGF there a charge and tha	set forth in my loa er my payment or FCU, or when the re insufficient fun es as disclosed of t my auto-pay dis	n agreement referenced the next business day. Ioan is paid in full. I ds in my bank account, I n my Ioan agreement and count may be terminated f I cancel this automatic
I have read and agree to the terms and condition	ons se	et forth above	е.		Employee Use Only: Skip payment
Applicant			Date		processing
					Stop:
Co-Applicant			Date		Restart: Date Rec'd:
Last Updated 11/28/2017					Employee: