

Last Name	Account Number	Loan ID	Payment Amount	Due Date

Minimum payment amount



631 Winter St. NE
P.O Box 2227
Salem, OR 97308
(503) 588-0211
(877) 695-8321
OurGroveCU.com

Please post excess payment to:
Shares: \$ _____
Share Draft: \$ _____
Loan: \$ _____
Total of Payments \$ _____

**LOAN PAYMENT
COUPON**
**PLEASE RETURN THIS
COUPON WITH YOUR
PAYMENT - YOUR CHECK
WILL BE YOUR RECEIPT**

NOTIFY US OF ANY CHANGE OF ADDRESS

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