

Automatic Loan Payment Authorization

MEMBER INFORMATION

Member Number: _____ Loan ID: _____

Name: _____ Phone: _____

To take advantage of this FREE service, simply complete this form and return it along with a **voided check** to:

Salal Credit Union, PO Box 75029, Seattle, WA 98175-0029

Your automatic loan payment will begin on the date listed below, unless you are otherwise notified by Salal.

FINANCIAL INSTITUTION

Checking Savings Money Market

Financial Institution Name: _____

Routing (ABA) Number (9 digits): _____

Account #: _____

PAYMENT DETAILS

MONTHLY PAYMENT

To be made on the _____ day
of each month.

Amount: \$ _____

Month to Begin: _____

TWICE MONTHLY PAYMENTS

To be made on the _____
and _____ day of each month.

Amount: \$ _____

Month to begin: _____

BI-WEEKLY PAYMENTS

Every other week, on the
same day of the week.

Day of the Week: _____

Amount: \$ _____

Date to Begin: _____

CANCEL EXISTING

I hereby authorize Salal Credit Union to cancel the withdrawal above. This cancellation notice is being provided to Salal at least three (3) business days before the next scheduled electronic withdrawal.

AUTHORIZATION

I hereby authorize Salal Credit Union to initiate debit entries to the checking, savings, or money market account indicated above and apply those funds to the Loan ID identified above. I also agree to maintain an account with a sufficient balance in the checking, savings, or money market account authorized to cover this loan payment. I understand that if on three (3) occasions there are not sufficient funds in the checking, savings, or money market account identified or the account is closed, Salal Credit Union has the right to terminate this Authorization upon 30-day notice.

This Authorization is to remain in effect until revoked in writing by at least three (3) business days prior to the payment date by either party. For transfers from a Salal Credit Union account, if there are not sufficient funds in your account on the transfer date, any available funds will be used to make a partial transfer in any order determined by Salal Credit Union. This form supersedes all previous forms.

Member's Signature: _____ Date: _____

CREDIT UNION USE ONLY

Processed Date: _____ Processed By: _____