

MEMBERS 1ST CREDIT UNION

LOAN PAYMENT AUTHORIZATION FORM

Fill out appropriate form and bring into the office or fax to 802.257.5837

I/We _____ (members name/s) hereby authorize Members 1st Credit Union (MFCU) to withdraw the amount of \$ _____ (Whole dollar amount) per _____ (weekly/bi-weekly/semi-monthly/monthly).

Payments are to be applied to my Members 1st loan account number: _____

Funds are to be withdrawn from the following account number: _____ checking/savings or from my _____ (social security/payroll/other) direct deposit.

I authorize payment to begin on _____ (Month/Date/Year.)

I understand that I am responsible for the payment on my Members 1st loan account and I understand that if the amount to make this payment is not available in my deposit account, I am responsible for making the payment on my own.

This authorization is to remain in effect until I notify Members 1st in writing, giving the Credit Union a reasonable amount of time to act on the change. I understand that if my deposit account changes; is closed or other action is taken; I am responsible for notifying the Credit Union.

Member Signature _____ Date _____

Member Signature _____ Date _____

Print Name/s _____ Phone _____



I/We _____ (members' name/s) hereby request a payment coupon book.

Member Signature _____ Date _____

Member Signature _____ Date _____

Print Name _____ Phone _____



I/We _____ (members' name/s) hereby request to cancel the loan payment authorization.

Member Signature _____ Date _____

Member Signature _____ Date _____

Print Name _____ Phone _____

