

Member Name			Date	
Member Number			Branch#	
I/We herby authorize you to deduct a total of \$ from my share/checking account # to be transferred to other accounts as indicated on this request form. I/We understand that it is my total responsibility to have the funds available in the account by the due date of the periodic payment.				
I/We understand that if the funds are not available, and my periodic payment cannot be made the Financial Institution is not responsible for any late charges or penalties that I may incur.				
COMMENCING/ST And each (circle one)	TART DATE 1 WEEK 2 BI-WEEK 3 MONTH	4 QUARTER 5 HALF YEAR	8 TWO MONTHS	
UNTIL (FINAL PAYMENT, if any)				
FROM ACCOUNT	#			
PAYMENT AMOUNT				
TO ACCOUNT #				
STAFF SIGNATURE		MEMBER SIGNAT	ΓURE	DATE
FINANCIAL INSTITUTION USE ONLY				
ADDED TO SYSTEM		BY	_ DATE	
AUTHORIZATION TO CANCEL PERIODIC PAYMENT				
Member Signature		Staff Signature		Date