



Payment Transfer

 Name Date

Account Number _____

I request that my loan payment(s) be transferred from my (suffix) _____ share savings or checking account on the date and frequency listed below, and in the amount indicated.

Loan #	Dollar Amount	Beginning Date	Weekly	Bi-weekly	Monthly

This request will remain in effect until the loan(s) is/are paid in full, or until cancelled or changed by me in writing in such time and manner as to afford TFCU a reasonable opportunity to take action. TFCU will not be liable for any fees, costs or damages that may result from this request.

TFCU will transfer available funds from the designated account on the scheduled date(s), up to the amount requested by me.

I understand that it is my responsibility to ensure that sufficient funds are available to complete the requested transfer(s) or to make other arrangements to keep my loan payment(s) up to date. My failure to do so may result in additional interest charges or late fees if my loan becomes past due.

 Member's Signature Date

For Credit Union Use Only

Received by _____
 Date Received _____
 Date Completed _____