

# AUTHORIZATION FOR PERIODIC PAYMENT

**Member Name** \_\_\_\_\_ **Date** \_\_\_\_\_

I/We hereby authorize you to deduct a total of \$42.00 from my share/checking account # \_\_\_\_\_ to be transferred to other accounts or mailed to my creditors 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 mailed, the Financial Institution is not responsible for any late charges or penalties that I may incur from the creditor.

**COMMENCING/START DATE** \_\_\_\_\_

and each following (Check one)  Week  Quarter  Four Weeks  
 Bi-week  Half year  Two Months  
 Month  Year  Semi-month

UNTIL (FINAL PAYMENT, if any) \_\_\_\_\_

FROM ACCOUNT #: \_\_\_\_\_

PAYMENT AMOUNT: \_\_\_\_\_

TO ACCOUNT #: \_\_\_\_\_

or ISSUE CHECK PAYABLE TO:

	(		)
Enter check payee detail	(		)
	(		)
	(		)

CHECK STUB REFERENCE: \_\_\_\_\_

\_\_\_\_\_  
**STAFF SIGNATURE** **MEMBER SIGNATURE** **DATE**

**FINANCIAL INSTITUTION USE ONLY**

CU80 A/ADD \_\_\_\_\_ C/CANCEL \_\_\_\_\_ CU80A ALTER \_\_\_\_\_ AUTHORITY NO. \_\_\_\_\_

**AUTHORIZATION TO CANCEL PERIODIC PAYMENT**

\_\_\_\_\_  
**AUTHORIZATION NO.** **STAFF SIGNATURE** **MEMBER SIGNATURE** **DATE**