



LOAN PAYMENT ELECTION FORM

ORIGINATOR DETAILS

Name of Employee Receiving Request:

Branch:

Date Authorized:

GFA LOAN ACCOUNT INFORMATION

Member Name:

Address:

City:

State:

Zip:

Account #:

Amount of Payment:

Date on which the first payment is to be made:

(must be at least 3 business days after date received)

Frequency of Payments Thereafter:

Date on which subsequent payments are to begin:

DEBIT ACCOUNT INFORMATION – PAYMENT FROM ANOTHER FI

FI Name:

ABA#

Account#:

Type of Account:

Checking

Savings

Name on Account:

DEBIT ACCOUNT INFORMATION – PAYMENT FROM A GFA ACCOUNT

Account#:

Type of Account:

Checking

Savings

Name on Account:

TO CANCEL THIS PAYMENT CHECK HERE

AUTHORIZATION

I, the undersigned, authorize GFA Federal Credit Union to draw by electronic funds transfer from the financial institution and account identified above for the regularly scheduled payments due under the terms of the loan. I also authorize GFA to change the amount withdrawn from my account to reflect any payment changes. I understand that GFA may discontinue automatic payment withdrawals at any time. This authorization supersedes any prior payment authorization on the above loan. Payment changes or cancellations shall be effective five business days from receipt.

X _____

Signature