VELOCITY CREDIT UNION
AUTHORIZATION FOR PERIODIC PAYMENT

Member Name: _____ Acct #: _____

I/We hereby 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 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, Velocity Credit Union is not responsible for any late charges or penalties that I may incur.
I/We understand by electing to change the terms of the loan I am altering the original terms of my loan contract. By altering the original terms of the loan, I understand that the amortization of the loan will be interrupted and therefore, will increase the term of the loan, and increase the total amount of the finance charge I will pay over the life of the loan. If I cancel the Authorization For Periodic Payment the loan payment on the original loan will be reinstated.

COMMENCING/ START DATE: _____

And each of the following (circle one): Weekly Bi-Weekly Monthly

UNTIL (FINAL PAYMENT, if any): _____

FROM ACCOUNT	TO ACCOUNT	AMOUNT	AUTH #
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

_____ _____ _____
EMPLOYEE SIGNATURE DATE MEMBER SIGNATURE

VELOCITY CREDIT UNION USE ONLY

Employee Signature: _____ Date Keyed: _____

AUTHORIZATION TO CANCEL PERIODIC PAYMENT

Authorization Number: _____ Date: _____
Authorization Number: _____
Authorization Number: _____
Authorization Number: _____

Employee Signature: _____ Member Signature: _____