## 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:  Employee Signature: Member Signature:					
Employee Signature: Mem			nber Signature: _		