

Periodic Payment Request



TRUE NORTH
FEDERAL CREDIT UNION

- Add
- Delete
- Change

The undersigned member hereby authorizes True North Federal Credit Union to make the following account transfer(s):

FROM ACCOUNT NUMBER: _____ NAME: _____

TO ACCOUNT NUMBER: _____ NAME: _____
(complete if different from above)

AMOUNT: \$ _____

This transfer to be effective: _____.

- This transfer to occur: monthly on the _____ of the month
 semi-monthly on the _____ and _____ of the month

Transfers will continue until we are notified to discontinue them. Transfers that fail in three separate months will be deleted after the third failure. Transfers that could not be made on the assigned day due to unavailability of funds may occur within 25 business days if funds become available in the account.

Payments made directly to the loan will not prevent the periodic payment from attempting transfer.

Payroll deduction is the responsibility of each member. If your payroll deduction does not get processed by your payroll department in a timely fashion, you are still responsible for making your first payment by the due date.

I, the undersigned member, certify that I am the owner of the above referenced "from" account, I have read the above paragraphs and I authorize this automatic transfer.

Member Signature Date Member Signature Date

CANCEL the above-described transfer effective: _____

Member Signature Date of request

FOR TNFCU USE ONLY

Received by: _____ Date received: _____ Authorization Number Loaded or Altered: _____