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ZEU	
CREDIT UNIO	N
Loan Payment Designation	Form

Member Name:	Member Number:	
Loan Number:	Telephone Number	r:
□Change my cash payment to an au #with the p		
on the day of every month		
□Change my cash payment to an au	itomatic bi-weekly payme	ent from
account #	in the amount of \$	beginning
□Change my cash payment to an au	ntomatic weekly payment	from
account #	in the amount of \$	beginning

□Change my payment from automatic transfer to cash payments.

By signing below, I understand that if I make a payment on or before the due date, the automatic payment will still be processed according to this authorization. I also acknowledge that if the funds are not available for transfer on the scheduled date of payment, the transaction will not take place. However, if funds become available in the selected deposit account within ten (10) calendar days of the scheduled payment date, the payment will be automatically transferred.

Signature:	Date:	
	Office Use Only:	
Request completed by:		
MSR #:	Date completed:	

Zeal Credit Union P.O. Box 51700, Livonia MI 48151 Lending: 800-321-8570, ext. 7160 Fax: 734-466-6148 Website: www.zealcu.org