

REQUEST FOR AUTOMATIC LOAN ACH PAYMENT

Member Information

Borrower Name	Co-Borrower Name							
Address								
City		Sta	ite		Zi	p code		
Phone Number		Email Address						
Member/Loan Number		Payment Amount						
Payment pull date (please circle): 1st	5 th	10 th	15 th	20 th	25 th	beginnin	g:	
Bank Account Information								
Account Holder Name		Financial Institution Name						
ABA/Routing Number								
Checking Savings		Rec'd by:						
I authorize Heritage Grove Federal Credit Unic specified above. The transfer will be made more above. If the due date falls on a weekend or he This authorization will remain in force until I caunderstand that if the bank information I provid am responsible for any applicable non-sufficier any future automatic payments may be cancell if the bank information is incorrect, or there are payment. I (we) understand that this authorizate the date of the new ACH transfer.	nthly pliday ncel i led is nt fun- led. I e insu	on the du f, HGFCL t, by cont incorrect d fees or also und fficient fu	ue date and the second	as set for nsfer my IGFCU, de e are ins arges as d that my a ny bank a	th in m payme or whe ufficier disclos auto-pa accoun	y loan agreent on the rent on the rent on the rent in the loan in the funds in red on my leave discount to are rent in the ren	eement referenced next business day. is paid in full. I my bank account, I oan agreement and may be terminated ncel this automatic	
I have read and agree to the terms and conditi	ons s	set forth above.					Employee Use Only:	
Applicant			Da	te		-	Skip payment processing	
							Stop:	
Co-Applicant			Da	te		-	Restart: Date Rec'd:	
Last Updated 08/17/2022							Employee:	