



# Automatic Loan Payment Authorization

To set up an automatic payment, please fill out form and return to any branch location, Fax to 253.565.4748, Or mail to: TAPCO Credit Union, PO Box 64369, Tacoma, WA 98464

- New     Change to Existing     Cancel

### Section 1: TAPCO Account Information

Name \_\_\_\_\_ Phone \_\_\_\_\_

Member Number \_\_\_\_\_ Loan Number \_\_\_\_\_ Today's Date \_\_\_\_\_

### Section 2: New Request

#### Payment Method (SELECT ONE)

- Automatic Transfer from my TAPCO account – select one:  Savings     Checking  
 Debit from my account at another financial institution - *Request must be received at least 7 days prior to first payment*

#### Other Institution Information

Name of Financial Institution \_\_\_\_\_ Payment Amount \$ \_\_\_\_\_

Account No. \_\_\_\_\_ Routing No. \_\_\_\_\_ Account Type:  Savings  Checking

Frequency:  Monthly \_\_\_\_\_  Weekly \_\_\_\_\_  Semi Monthly \_\_\_\_\_ & \_\_\_\_\_  
Date Day of Week Date Date

### Section 3: Change to Existing (SELECT ALL THAT APPLY)

- Change Date of Month From: \_\_\_\_\_ To: \_\_\_\_\_  
Date Date  
 Change Amount \$ \_\_\_\_\_  
 Change Frequency  
 Monthly \_\_\_\_\_  Weekly \_\_\_\_\_  
Date Day of Week  
 Semi Monthly \_\_\_\_\_ & \_\_\_\_\_  
Date Date

- Change Account to be Debited  
Name of Financial Institution \_\_\_\_\_  
Account Type:  Savings  Checking  
Account No. \_\_\_\_\_  
Routing No. \_\_\_\_\_

### Section 4: Cancellation Request (Complete this section to cancel your current ACH Direct Transfer)

Date of Current Payment \_\_\_\_\_  
Amount of Payment \$ \_\_\_\_\_  
Name of Financial Institution \_\_\_\_\_

### Section 5: Authorization

By signing below I/we agree to make payments by the method selected above. I/we authorize TAPCO Credit Union (TAPCO) to make my/our recurring payments for my/our loan. I understand that the loan payment may change based on estimated forced placed insurance premiums and authorize TAPCO to withdraw the adjusted amount after it has been disclosed to me in writing. If funds are not available in my/our account on the transfer and/or debit date, I/we will have to pay a Returned Payment Fee as disclosed in the Fee Schedule. Any ACH debit or automatic payment transfer that falls on a weekend or holiday will occur on the first business day following. TAPCO may cancel the ACH debit agreement if a preauthorized ACH debit is returned three (3) times within a twelve (12) month period. This authorization will remain in full force and effect until TAPCO receives written notification from me/us of its termination at least 5 days prior to the next scheduled due date, or in a manner and time frame giving TAPCO reasonable opportunity to act on it.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR CREDIT UNION USE ONLY

Date Received \_\_\_\_\_ Employee Initials \_\_\_\_\_  Added/Removed from XP2  Emailed to ACH Department