



"We're making a difference."

# Automatic Loan Payment Form

## From St. Anne's Credit Union Account to St. Anne's Credit Union Account

☐

New

☐

Change

☐

Cancel

Date:

Member Name:

Monthly\* Amount:

<b>FROM</b> St. Anne's Credit Union Account Number:	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>TO</b> St. Anne's Credit Union Account Number:	Type of Loan: <input type="checkbox"/> Equity <input type="checkbox"/> Mortgage <input type="checkbox"/> Consumer (Personal, Auto, Mass Save®, etc.)
Current Monthly Payment Amount:	
Additional Principal Amount (Optional):	
Date of Change:*	
Comments:	

\*Please allow 5 business days for change to be implemented. Change will start on next loan due date and reoccur monthly.

This authorization will remain in effect until St. Anne's Credit Union receives notification of a change/cancellation.

I understand that it is my responsibility to make all future loan payments and I the undersigned authorize St. Anne's Credit Union to initiate this automatic transfer referenced above. We ask that you please notify us orally or in writing at least three business days before the scheduled date of the transfer to stop automatic payment. Written confirmation must be received within 14 days or oral notification and should be sent to St. Anne's Credit Union, P.O. Box 0, South Station, Fall River, MA 02724-0386. If required written confirmation is not received within 14 days, then the stop payment order ceases.

Member's Full Name – please print

Member's Signature

**Please print out, fill in, and mail to St. Anne's Credit Union, P.O. Box 0, South Station, Fall River, MA 02724-0386, ATTN: LOAN SERVICING, or bring to your nearest St. Anne's Credit Union Branch. Please do not send by email as it is not secure.**

For internal use only	
Completed by (please print)	Branch location
Maintenance Completed by (please print)	Date