



Automatic Payment Authorization and Distribution

I hereby authorize you to transfer \$ _____ each month from my checking or savings account # _____, beginning _____ each month to be used to pay accrued interest and to apply against the principal balance of my outstanding loan, loan # _____.

I further agree to the following:

This transfer will remain in full force and effect until Gesa Credit Union has received notification from me (or either of us if this is a joint account) of its termination in such time and manner as to afford a reasonable opportunity to act on it.

Signature

Date

Signature

Date

By signing below I authorize the cancellation of the automatic payment from Account # _____

Signature

Date

