



LOAN AUTOPAY REQUEST FORM

“Worry-free, hassle-free, simple.”

Your loan payments will automatically be deducted from your selected ActorsFCU Account.

ACCOUNT HOLDER INFORMATION

Primary Borrower Name: _____

Co-Borrower Name: _____

Loan Account and Suffix Number: _____ - _____

Deducted From: Power Checking on account number _____

Share Savings on account number _____

Deduct On: Payment will be deducted on the due date.

ACKNOWLEDGEMENT

- First Time Autopay Setup may reduce your Interest Rate by 0.25%. This applies to all loans **except** Credit Cards, Mortgages and Home Equity Products. Other factors considered at ActorsFCU’s discretion.
- If your funds are not available, Autopay will continue to search for the remaining funds in the account stated until payment is satisfied.
- Additional payments toward Principal may be requested directly in person, phone, or email.

By signing below, I authorize ActorsFCU to automatically deduct the above-mentioned loan payment from the above selected ActorsFCU account.

SIGNATURE(S)

Primary Borrower - Printed Name

Primary Borrower - Signature

Date

Co-Borrower - Printed Name

Co-Borrower - Signature

Date

INTERNAL USE ONLY:

Processed By: _____ On (Date): _____ Notes: _____