

PRE-AUTHORIZED LOAN PAYMENT/ACH TRANSFER REQUEST



Making a real difference

I hereby authorize Bay Federal Credit Union (BFCU) to initiate scheduled debit entries to my account at the financial institution listed below to pay the amounts then due on the loan(s) identified below. I understand that the amount of the debit may vary to reflect changes to the scheduled payment amount due. Changes of the amount due may be caused by interest rate changes in variable rate mortgages, home equity lines of credit or a line of credit, changes due to increased escrow projections, or as otherwise allowed per my Loan Agreement. I agree that it may take up to 10 calendar days to initiate this payment method for my loan, and that I must notify BFCU in writing at 3333 Clares St., Capitola, CA, at least 3 days in advance to cancel this payment authorization. I authorize BFCU to retry the transaction up to five (5) days after the scheduled date, at the sole discretion of BFCU. I understand that the use of Automated Clearing House transactions to pay my loan(s) is governed by NACHA Operating rules and Regulation E, and I agree to abide by them. I further acknowledge that any such transactions I have authorized are in compliance with provisions of all applicable law.

Name	Daytime phone	Member #
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Is this a change to an existing ACH Transfer Request? Yes No

TRANSFER FROM

If the Institution to be debited is NOT Bay Federal Credit Union, please include a copy of a voided check.

Name of the Financial Institution to Debit: _____
 Savings Checking
 Routing/Transit #: _____ Account #: _____

TRANSFER TO (MY/OUR LOAN)

Payments will occur monthly.

A-Loan Account #: _____ Amount due **OR** Amount due plus \$ _____
 B-Loan Account #: _____ Amount due **OR** Amount due plus \$ _____
 C-Loan Account #: _____ Amount due **OR** Amount due plus \$ _____

Effective Date: _____ (If neither box is checked, only the amount due will be withdrawn)

This transaction is set to occur monthly:
 On the due date
 _____ Day(s) prior to the due date (up to 10 days) _____ Day(s) after the due date (up to 5 days)

CANCELLATION OF SCHEDULED TRANSFER

I (We) hereby authorize Bay Federal Credit Union to cancel the current automatic payment that is deducted from account # _____ and applied to account # _____ in the amount of \$ _____. This cancellation should take effect on _____.

AUTHORIZED SIGNATURE

By signing below I understand the terms and conditions of the automatic transfer described above and I also certify that I am a legal signer on the paying account.

Member Authorization X	Date
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CREDIT UNION USE ONLY:

Processed By	Date	Verified By
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For other Pre-Authorized Transfers to Deposit Accounts, please use the Deposit Account Authorization Agreement.