FOR CREDIT UNION USE ONLY

Received: _____   Processed: _____   Account #: _____

☐ New Request   ☐ Change Request   ☐ Add Loan Request

CHIEF FINANCIAL
CREDIT UNION
...more than money

AUTOMATIC MONTHLY PAYMENT FORM
NEVER HAVE TO WORRY IF YOU MAILED YOUR PAYMENT!!!!

SIMPLY ATTACH A COPY OF A VOIDED CHECK OR FILL IN
THE INFORMATION BELOW!

BANK NAME:_____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

CHECKING ☐ **SAVINGS** ☐

MONTHLY AMOUNT: $ _____

*FIRST PAYMENT DATE:_____

I authorize Chief Financial Federal Credit Union to initiate the above entries to the account indicated by the voided check attached. I understand in order to revoke this authorization, I must contact Chief Financial 10 days prior to the upcoming payment. I have signature authority to this account or have been authorized by an individual who has signature authority to this account to authorize this transaction. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

SIGNATURE: _____   **DATE:** _____

PRINT NAME: _____

FAX: 248.751.5989

EMAIL: INDIRECTLENDING@CHIEFONLINE.COM

*Effective Date is the date the payment will apply to your Chief Financial loan. The payment will be withdrawn from the indicated financial institution the business day before this date. Please note – depending on weekends and holidays this may be up to 4 days before the Effective Date.