

Automatic Loan Payment Authorization

Once your automatic payments have been scheduled, you can find your payment information within digital banking. First, log in to digital banking, then select **Transfers & Payments**, select **Transfers**, and then go to the **Scheduled** tab. If you have questions, you can send us a secure message or call us at **800.562.5515**.

Member Information

Member Number: _____ Loan ID: _____
 Name: _____ Phone: _____

Financial Institution

Checking Savings Money Market

Financial Institution Name: _____
 Routing (ABA) Number (9 digits): _____ Account #: _____

Payment Details

Your automatic loan payment will begin on the date listed below, unless you are otherwise notified by Salal.

<input type="checkbox"/> Monthly Payment	<input type="checkbox"/> Twice Monthly Payments	<input type="checkbox"/> Bi-weekly Payments
To be made on the _____ day of each month.	To be made on the _____ and _____ day of each month.	Every other week, on the same day of the week.
Amount: \$ _____	Amount: \$ _____	Weekday (Mon - Fri): _____
Month to Begin: _____	Month to Begin: _____	Amount: \$ _____
		Date to Begin: _____

Authorization

I hereby authorize Salal Credit Union to initiate debit entries to the checking, savings, or money market account indicated above and apply those funds to the Loan ID identified above. I also agree to maintain an account with a sufficient balance in the checking, savings, or money market account authorized to cover this loan payment. I understand that if on three (3) occasions there are not sufficient funds in the checking, savings, or money market account identified or the account is closed, Salal Credit Union has the right to terminate this Authorization upon 30-day notice.

This Authorization is to remain in effect until revoked in writing by at least three (3) business days prior to the payment date by either party. For transfers from a Salal Credit Union account, if there are not sufficient funds in your account on the transfer date, any available funds will be used to make a partial transfer in any order determined by Salal Credit Union. This form supersedes all previous forms.

Cancel Authorization

I hereby authorize Salal Credit Union to cancel the withdrawal above. This cancellation notice is being provided to Salal at least three (3) business days before the next scheduled electronic withdrawal.

Member Signature: _____ Date: _____

CREDIT UNION USE ONLY

Processed Date: _____ Processed By: _____