



Automatic Loan Payment Authorization

To set up an automatic payment, please fill out form and return to any branch location, Fax to 253.565.4748,
Or mail to: TAPCO Credit Union, PO Box 64369, Tacoma, WA 98464

New Change to Existing Cancel

Section 1: TAPCO Account Information	
Name _____ Phone _____	
Member Number _____ Loan Number _____ Today's Date _____	
Section 2: New Request	
Payment Method (SELECT ONE)	
<input type="checkbox"/> Automatic Transfer from my TAPCO account – select one: <input type="checkbox"/> Savings <input type="checkbox"/> Checking	
<input type="checkbox"/> Debit from my account at another financial institution - <i>Request must be received at least 7 days prior to first payment</i>	
Other Institution Information	
Name of Financial Institution _____ Payment Amount \$ _____	
Account No. _____ Routing No. _____ Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Checking	
Frequency: <input type="checkbox"/> Monthly _____ <input type="checkbox"/> Weekly _____ <input type="checkbox"/> Semi Monthly _____ & _____	
Section 3: Change to Existing (SELECT ALL THAT APPLY)	
<input type="checkbox"/> Change Date of Month From: _____ To: _____	
<input type="checkbox"/> Change Amount \$ _____	
<input type="checkbox"/> Change Frequency	
<input type="checkbox"/> Monthly _____ <input type="checkbox"/> Weekly _____	
<input type="checkbox"/> Semi Monthly _____ & _____	
<input type="checkbox"/> Change Account to be Debited	
Name of Financial Institution _____	
Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Checking	
Account No. _____	
Routing No. _____	
Section 4: Cancellation Request (Complete this section to cancel your current ACH Direct Transfer)	
Date of Current Payment _____	
Amount of Payment \$ _____	
Name of Financial Institution _____	
Section 5: Authorization	
By signing below I/we agree: a) to make payments by the method I/we selected above. I/we authorize TAPCO Credit Union (TAPCO) to make my/our recurring payments for my/our loan. If the required payment changes for any reason, I/we agree that this authorization will be automatically amended to authorize the debit of an amount equal to the new required payment, b) that if the funds are not available in my/our account on the transfer and/or debit date, I/we will have to pay a Returned Payment Fee as disclosed in the Fee Schedule, c) that any scheduled ACH debit or automatic payment transfer that falls on a weekend or holiday will occur on the first business day following, d) TAPCO may cancel the ACH debit agreement if a preauthorized ACH debit is returned three (3) times within a twelve (12) month period, and e) this authorization will remain in full force and effect until TAPCO receives written notification from me/us of its termination at least 5 days prior to the next scheduled due date, or in a manner and time frame giving TAPCO a reasonable opportunity to act on it.	
Signature _____ Date _____	
FOR CREDIT UNION USE ONLY	
Date Received _____ Employee Initials _____ <input type="checkbox"/> Added/Removed from XP2 <input type="checkbox"/> Emailed to ACH Department	