ASI
Federal Credit Union

Request to Change Payment Method and/or Frequency of Loan Payment

Name:_____

Address:_____ City/State/Zip:_____

Member #:_____ Loan #:_____

Present Payment:_____ Change To:_____

Reason for Change:_____

Frequency:
- ☐ Weekly
- ☐ Bi-Weekly
- ☐ Monthly
- ☐ Semi- Monthly

Change To:
- ☐ Weekly
- ☐ Bi-Weekly
- ☐ Monthly
- ☐ Semi-Monthly

Source:
- ☐ Payroll deduction
- ☐ Transfer *(Acct#_____)*
- ☐ Over the Counter

Change To:
- ☐ Payroll deduction
- ☐ Transfer *(Acct#_____)*
- ☐ Over the Counter

_____ Payroll Allocation form has been completed and sent to scan department.

Due Date:_____ Change To:_____

_____ _____

Preparer's Signature Date Member's Signature Date

_____

Approved/Verified By Date