AUTOMATIC PAYMENT AGREEMENT

Save time, money, and stamps and gain peace of mind with Automatic Payment. When you set up a recurring Automatic Payment, this service is FREE to you.

To apply for Automatic Payment:

X Return the completed form below and include a voided check from the account you wish to make your payment.
X If your payment is due before "First Payment Date This Order to Become Effective" indicated in the box below, please make your payment as usual.
X If last payment is over the payoff the difference will be mailed to you OR deposited into your CFCU share account

If you have questions, please contact us at 1-707-546-6000 or 1-800-890-3540, or via e-mail at info@comfirstcu.org.

Name	CFCU Account Number
Street Address	Type of Account (please choose one) … Auto/RV … Personal Loan/Secured … 2nd Trust Deed Not available for HELOCs
City, State, Zip Code	Loan Payment Amount (Final payment may be lower)
Daytime Phone Number	First Payment Date This Order to Become Effective
	CFCU Employee: First Payment Date is "Effective Date" field in Symitar

I authorize Community First Credit Union to initiate debit and/or credit entries to my account listed below, and I request and authorize the financial institution named below to accept and honor the same. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authorization will remain in full force and effect until CFCU has received written notification from me of its termination in such time and manner as to afford CFCU a reasonable opportunity to act on it (No less than four (4) business days prior to the next transaction). I have received a copy of said Automatic Payment Agreement.

Financial Institution Information	
Name of Financial Institution	Financial Institution Phone Number
Name(s) on Account	Account Number
Type of Account (please check one) … savings … checking	9-digit Financial Institution Routing Transit Number/ABA # … … … … … … … … … …
Signature/Date (must be an authorized signer on the above named account)	

ATTACH VOIDED CHECK HERE

Mail completed information to:

Community First CU
ATTN: ACH/EFT
P.O. Box 6004
Santa Rosa, CA 95406-0004

Or Fax To:
707-543-2603