SALAL CREDIT UNION

PO BOX 75029, SEATTLE, WA 98175-0029 • 800.562.5515 • SALALCU.ORG • FEDERALLY INSURED BY NCUA

Automatic Mortgage Payment Authorization

To take advantage of this FREE service, complete this form and return it along with a voided check to any Salal branch, fax it to **206.299.9474**, or mail it to: **Salal Credit Union, Attn: Mortgage Servicing, PO Box 75029, Seattle, WA 98175-0029**.

Please continue making your mortgage loan payment by check until you have been notified in writing by Salal Credit Union that your authorization form has been processed.

□ NEW AUTHORIZATION		☐ CHANG	GE AUTHORIZATION		☐ CANCEL AUTHORIZATION		
Member Name:			Phone:				
Member Number:			Morto	gage Loan Nu			
Authorization							
to the Mortgage Lo account authorized funds in the check	oan Number d to cover th ing or saving	ridentified above. I a nis loan payment. I u gs account identified	also agree to mainta nderstand that if on	in an account three (3) cor losed, Salal C	t with a sufficien nsecutive month	dicated below and app at balance in the check aly occasions there are the right to terminate	king or savings e not sufficient
Authorization can there are not suffic	be revoked cient funds i	via mail to: Salal Cre	edit Union, Attn: Mo	rtgage Servi	cing, PO Box 75	or to the payment date 5029, Seattle, WA 98 ur transfer will not occ	175-0029 . If
Financial Institu	ition						
SALAL CREDIT U	NION						
☐ Checking	□ Savings	☐ Money Market	Member Number:			Account ID (e.g. 004	10):
OR OTHER FINAL	NCIAL INSTIT	UTION (FI)					
☐ Checking	☐ Savings	☐ Money Market	FI Name:				
Account Number: Routing Number (9 digits):							
Payment Details	5						
be scheduled no la	on the first ater than the	(1 st) of each month a 15th of each month	to avoid late charge	ate 15 calenda es. Automatic	ar days after the transfers must	MONTH TO BEG due date. Automatic be in one monthly tr ic Mortgage Payment	payments should ransaction for the
	e an amount	to be automatically	applied to principal nonthly regular paym		in addition to yo	our regular payment. ⁻	This extra
Print Name:			Date:	Meml	oer Signature:		
CREDIT UNION U	JSE ONLY						
Employee Name	e & Teller #:			Date Received in Branch:			
Automatic Payn	nent Set-Up	by Mortgage Service	cing:				
Completed By: _						Completion Date:	