



Automatic Payment Authorization

Name

Account Number

Name

Loan Number

I/We hereby authorize USACU to transfer our monthly disclosed payment of \$_____, from account number _____ . This payment will come from the checking/savings account. The first payment is due _____. I/We agree to make the minimum monthly payment as disclosed in the Promissory Note and Disclosure Statements for the above referenced loan, if the balance in my/our account is insufficient to cover the full payment. I/We understand that partial payments will be transferred. Payments will continue to be applied until my notice is received instructing otherwise, including bankruptcy.

Signature

Date

Signature

Date

Processed by _____