



Bi-Weekly Transfer Authorization

Name

Account Number

Name

Loan Number

I/We hereby authorize USACU to make my/our disclosed monthly payment of \$_____ as a bi-weekly transfer of \$_____ from account #_____. The first bi-weekly 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 payroll deduction stops for any reason, or is not received, or is not sufficient.

Signature

Date

Signature

Date