

Consumer Loan Automatic Payment Service

Member Number: _____ Member First Name: _____ Member Last Name: _____

Consumer Loan Account Number: _____ New Payment Request: Change to Existing Payment Request:

I (we) hereby authorize Xceed Financial Federal Credit Union and its successors, assigns, authorized agents or any entity servicing my loan on their behalf (hereinafter called THE LENDER) to initiate loan payment debit entries (which may vary from the amount indicated below with future changes in escrow, principal and interest components, as applicable) to my (our) Checking or Savings Account indicated below and the depository named below to debit the same to such account. I (we) understand that if any debit entries under this authorization are returned for insufficient funds or otherwise dishonored, I (we) will promptly send THE LENDER the total monthly payment due, plus any late charge(s) or other fees due under my loan. I (we) authorize THE LENDER to electronically credit my (our) account if necessary, to correct erroneous debits. I (we) agree that ACH transactions I (we) authorize comply with federal law.

DEPOSITORY INSTITUTION INFORMATION:	DATE: _____
NAME OF BANK: _____	BORROWER INFORMATION:
CITY: _____	DAY PHONE: _____
STATE: _____	EVENING PHONE: _____
ZIP CODE: _____	PAYMENT INFORMATION:
ACCOUNT NUMBER: _____	DATE OF SCHEDULED MONTHLY PAYMENT: _____
ABA ROUTING NUMBER: _____	START DATE OF FIRST PAYMENT: _____
ACCOUNT TYPE: <input type="checkbox"/> CHECKING or <input type="checkbox"/> SAVINGS	MONTHLY PAYMENT AMOUNT: \$ _____
NAME(S) ON BANK ACCOUNT: _____	
SIGNATURE: (ACCOUNT HOLDER): _____	
<p>This authorization is to remain in full force and effect until THE LENDER has received written notification from me (us) of its termination in such time and in such manner as to afford THE LENDER a reasonable opportunity to act upon it. THE LENDER may terminate this agreement at any time, with written notice sent to me.</p>	

IF NOT SIGNING ELECTRONICALLY, PLEASE RETURN THIS FORM FOR PROCESSING:

By Fax: 310.322.8961
Attention: Operations

By Mail:
Xceed Financial Federal Credit Union
Attention: Operations
888 North Nash Street
El Segundo, CA 90245

CREDIT UNION USE ONLY

Date Received by Associate: _____ Associate Name: _____
 Date Processed by Operations Department: _____ Associate Name: _____
 Reviewed By: _____
 Date of First Entry: _____
 Letter of Revocation Received: _____