



**Processing Center**  
 P.O. BOX 6606  
 Greenwood Village, CO 80155-6606

**AUTOMATIC LOAN PAYMENT AUTHORIZATION**

Date:  
 Member Name:  
 Member Phone:

**New Setup**                       **Change to Existing**

I hereby authorize Bellco Credit Union to make the following recurring electronic withdrawal. If the due date of any scheduled payment is not on a business day, activity will occur on the next business day. The authorization must be received at least 5 business days before the first withdrawal.

**Withdraw From Account Information**  
 Financial Institution Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Routing Number: \_\_\_\_\_  
 Account Number: \_\_\_\_\_  Checking                       Savings

**Apply To Account Information**  
 Account Owner Name(s): \_\_\_\_\_  
 Loan Account Number: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Beginning Date: \_\_\_\_\_  
 Frequency (specify one):     Monthly     Biweekly\*     Weekly\*     Semi-Monthly\*

*\*Not available for mortgage loan payments*

**Attach voided check imprinted with account owner's name.**

**Cancel Existing**

I hereby authorize **Bellco Credit Union** to cancel the following recurring **electronic withdrawal**. The authorization must be received at least 10 business days before the next scheduled electronic withdrawal.

Loan Account Number: \_\_\_\_\_  
 Withdrawal / Credit Amount: \$ \_\_\_\_\_

Please return this form, with a voided check if applicable, to:  
 Bellco Credit Union  
 PO Box 6606  
 Greenwood Village, CO 80155-6606

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This authorization is to remain in effect until Bellco Credit Union receives written notification of termination. Once an account is closed or a loan is paid off, it is the responsibility of the member to

cancel the automatic loan payment. Please retain a copy for your records.