

## **Automatic Loan Payment Cancellation Form**

(Use this form to stop automatic transfers from your NGFCU account to your NGFCU loan.)

## **Instructions:**

- 1. Fill out all sections and return at least three (3) days prior to your next payment.
- Submit documents via fax 310.965.0249 or call NGFCU for secure document transmission at 800.633.2848.

MEMBER INFORMATION		
FIRST NAME:		LAST NAME:
PHONE:		EMAIL:
MEMBER NUMBER:		LOAN NUMBER:
CANCELLATION REQUEST		
ACCOUNT NUMBER (lost 4 digita).		ECKING SAVINGS OTHER
EFFECTIVE DATE:		
Acknowledgement I acknowledge that, according to result in an increase to my interes		ement, canceling or discontinuing automatic payments may
I further understand that:		
If my current payment frequ	uency is monthly, my paym	ent amount will remain unchanged.
<ul> <li>If my current payment frequency converted to a monthly pay</li> </ul>	uency is weekly or biweekly ment schedule.	, my payment amount and frequency will be recalculated and
By signing below, I confirm my un	nderstanding and acceptan	ce of these terms.
Member Signature:		Date:

ACCOUNT NUMBER(S):

DATE RECEIVED:\_

**OFFICE USE ONLY** MEMBER NUMBER:

EMPLOYEE NAME:\_

