

Sonoma County Grange Credit Union

Monthly Automatic Loan Payment Form / Transfer Form

(Same Account Only)

_____		_____	
Print Name		Print Joint Name	
_____		_____	
From Member #	From Share Type	Sfx	Payment Amount

Your first deduction will start _____ and commence on the _____ of each month.
First Payment Date Date

(Cross Account Only)

_____		_____		
Print Name		Print Joint Name		
_____		_____		
From Member #	From Share Type	To Member #	Sfx	Payment Amount

Your first deduction will start _____ and commence on the _____ of each month.
First Payment Date Date

The primary responsibility remains with the member(s) to see that all payments are made according to the loan agreement.

Borrower's Signature Date Borrower's Signature Date

Entered On System By: _____

6/06

Date: _____