

# Sonoma County Grange Credit Union

## Increase Automatic Monthly Payment Amount

**(same account)**

I / We _____,	_____		
Print Name	Print Joint Name		
wish to increase my / our monthly loan payment on:			
_____	_____	from \$ _____	
Member #	Sfx		
to \$ _____.			
This change will start _____ and commence on the _____ of each month.			
Payment Date		Date	

**(cross account)**

I / We _____,	_____		
Print Name	Print Joint Name		
wish to increase my / our monthly loan payment on:			
_____	_____	for \$ _____	to
Member #	Sfx		
_____ in the amount of \$ _____.			
Member #	Sfx		
This change will start _____ and commence on the _____ of each month.			
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: \_\_\_\_\_

9/03

Date: \_\_\_\_\_