

Periodic Payment Authorization



Member Name: _____ Member Number: _____

I hereby authorize SESLOC Federal Credit Union to deduct \$ _____ to make an automatic transfer/payment from my account number _____. I understand that if the funds are not available the business day prior to the date specified, and my automatic transfer/payment cannot be processed, SESLOC Federal Credit Union is not responsible for any late charges, fees, or penalties that may be incurred.

Commencing/Start date: _____

And each following (check one):

Week Bi-Week Month Quarter Year

Until (final payment, if any): _____

From Account / Account Type: _____

Payment Amount: _____

To Account / Account Type: _____

Issue Dividend Check

Member Signature

Date

Staff Signature

Date

Please sign and return this form to any SESLOC branch,
fax to: (805) 540-7779
or mail to: P.O. Box 5360, San Luis Obispo, CA 93403-5360

Financial Institution Use Only

Add

Alter

Auth # _____

Proofer Initials _____