

Pre-Authorized Check Payment

Please Note that Adobe Reader 6.0 does not save your input, so please print this form immediately after you finish filling it out.

Date:

Member Number:

Check Information

Name:

Address:

City:

State:

Zip Code:

Country (if not in US):

Phone #:

Email Address:

Institution Name, City, State:

Routing # (9 digits):

Account #:

Amount of Loan Payment:

Check payments cutoff time is 4:30 pm Monday – Friday. To insure Accuracy, please type the information before printing the form. This form is not a request for a reoccurring payment; it is a ONE time payment only.

Fax: (708) 891-8745