



An educated choice

HOME EQUITY LINE OF CREDIT (HELOC) AUTOMATIC PAYMENT AUTHORIZATION FORM

Please print all information.

To set up automatic payments, the payment amount must be greater than the minimum payment.

I/we authorize the Tobacco Valley Teachers Federal Credit Union to withdraw \$ _____
from my/our

____ Share Savings Account (Suffix A)

____ Checking Account (Suffix X)

Account # _____

on the 25th of each month and apply it towards the payment that is due for my/our
Home Equity Line of Credit (HELOC).

MEMBER NAME (Please Print)

MEMBER SIGNATURE

DATE

JOINT MEMBER NAME (Please Print)

JOINT MEMBER SIGNATURE

DATE

P 860-253-4780

P 800-749-8305

F 860-253-4785

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